

**QUALITATIVE PROCESS EVALUATION OF A COMMUNITY-BASED HIV AND  
AIDS INTERVENTION AMONG ADOLESCENTS IN NORTHERN TANZANIA:  
EXPERIENCES FROM COMMUNITY ORGANIZATION**

A study from the foot of Mount Kilimanjaro in Tanzania, East Africa

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## Dedication

*I dedicate this work of my own hand and mental capability to my family:*

*Beloved wife; Mary,*

*Daughters; Tessine, and Semline*

*Their tolerance and patience of enduring absence of their important member of the family is here by acknowledged to be the invaluable contribution towards this product and all other successes archived throughout the period*

*May the God father bless you*

*I Love you all*



## **Declaration**

I, James McOllogi Juma, the original author of this document declare this my original intellectual collection. The views expressed in this document, includes; the results of the continued work from previous literature review and some work on research methodology before I attended the field for data collection.

The results of this study are the outcome of the enquiries done among community members, including youth of Kahe community from Northern Tanzania. Nevertheless, the contributions of other researchers on similar or related issues have been accounted for and appreciated through citations through out this document where deemed necessary.

Being a primary work of my academic endeavors; I also declare that, neither part nor whole of the result of this work have ever been submitted/published to/or in any other academic institution for similar or related academic awards.

Signed.....

**Mc. J. Juma**

June 15, 2007

**Oslo, Norway**

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**Ahsanteni Sana**

**Acronyms and Terminologies**

**AKV (AFYA KWA VIJANA)** -Swahili  
Version of “Health for Youth”

**AFRO-NET**-African Network for Human  
Rights and Development

**AMREF** -African Medical Research  
Foundation

**AIDS**-Acquired Immunodeficiency Syndrome

**CAQDAS**-Computer Assisted Qualitative Data  
analysis Software

**CEDHA**-Centre for Educational Development  
in Health, Arusha

**DEO**-District Education Officer

**DMO**-District Medical Officer

**FGDs**-Focus Group Discussions

**FHI**-Family health international

**GTZ**-German Agency for Technical  
Cooperation (Deutsche Gesellschaft für  
Technische Zusammenarbeit)

**GLOBINF**-Centre for Prevention of Global  
Infections

**HIV**-Human Immune Deficiency Virus

**I.E.C**-Information, Education, and  
Communication

**KCMC**-Kilimanjaro Christian Medical Centre

**KIWAKUKKI**-Kilimanjaro Women group for  
fighting HIV/AIDS

**K-CHDP**-Kahe Community Health  
Development Project

**MRCC**-The Medical Research Coordinating  
Committee

**MOH**-Ministry of Health

**MUCHS**-Muhimbili University College of  
Health Sciences

**MUTAN**-Mradi wa UKIMWI wa Tanzania na  
Norway (Tanzania and Norway Collaborative  
HIV/AIDS Project)

**NAFCO**-National Agriculture and Food  
Development

**NIMR**-National Institute for Medical Research

**NGOs**-Non- Governmental Organizations

**NORAD**-Norwegian Organization for Research  
and Development

**NUFU**-The Norwegian Programme for  
Development, Research and Education  
Universities’ Committees for Research and  
Education Development

**PI**-Principal Investigator

**PLHIV**-People Living with HIV

**QI**-Quality Improvement

**SSA**-Sub-Saharan Africa

**STIs**-Sexually Transmitted Infections

**UNAIDS**-Joint United Nations Program for  
HIV/AIDS

**VABs**-Villages Advisory Boards

**WHO**-World Health Organization

## **Approvals**

This document has been submitted for assessment with approvals of two candidate's supervisors:

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Date.....

## **Abstract**

Directed to address program process evaluation agenda; broadly, this study describes the intervention process for Kahe community health development Project (K-CHDP), through gathered information crucial for understanding the quality and precision with, which the program implementation was undertaken. As such, subjective experiences of implementers have been considered and created the basis for explanation of the implementation status. Through community-organizing principles, the evaluated project had been operating among adolescents in nine primary schools and in eleven villages to foster youths' sexual and reproductive health in relation to broader context of HIV and AIDS pandemic.

The research process has employed phenomenological approach; a pure qualitative interpretative philosophy through, which key program implementation "role-players" were invited to participate. Following non-probabilistic purposive sampling and through principles of convenience and maximal variations, study respondents were selected out of the sampling frame mentioned above. Traditional data collection methods, for the design chosen, i.e. interviews, observations, memoing and document reviews provided reach experiential information needed for the formerly stated enquiries.

Besides the positive process impacts experienced among program beneficiaries; both organizational and behavioral-related issues emerged challenging school program implementers, seemingly rising out of individuals' issues within implementers as well as from schools' societies members. Schools' understaffing and individual implementers' obedience to their consciences had resulted into difficulties in integrating program agenda into schools curricular and discontinuance or cut-off implementing some program components respectively. Similarly, older youths organizing had also proven challenging to youth implementers, accounted for adolescents' related behaviors, as well as the fact that youths' involvement and participation into their own programs as implementers is relatively a new phenomenon just gaining acclamation from both program planners and implementers. Moreover, socio-economic and cultural issues were experienced influencing youths' decisions making capabilities as well as ways in which these young adults view the world around them. As such, status of adolescents has been altered in this poor community, rendering for example female adolescents' unsatisfactory involvement and participation into the program.

Generally, community organizing proved needy of high volunteerism of her citizens for likelihood of integration of program into community's social systems. However, in situation where poverty and illiteracy are seemingly interconnected among others, such initiatives proved challenging. Further, breaking the silence-ice from parenting styles on communicating sexuality issues between parents and their youths, invited the need to have deliberative efforts towards parents' empowerment and general community motivation. When combined all together, program duration, literally appeared shorter for full fruition, from communities points of experiences.

**Key words:** Adolescents/youths, Community-organizing, HIV, and AIDS, Sexuality,

**Parents**

## **Chapter 1**

### **1. Introduction**

### 1.1 Background of the study

The evaluated-project; “Kahe Community Health Development Project” (K-CHDP) can be traced back to the 1990’s, first as part of Tanzania-Norwegian AIDS project (MUTAN), then as part of a Norwegian council of Universities Committee for Development Research and Education (NUFU)-funded health systems research and health promotion project in relation to reproductive health in Tanzania.

The program, known as AFYA KWA VIJANA (AKV), (2002-2006) was a result of several studies in this community e.g. Heguye<sup>(1)</sup> (1995) Kloumann<sup>(2)</sup> (1999) and a subsequent community needs-assessment in 2001. These initial interactions with the community raised the need for an appropriate HIV, AIDS, and sexually transmitted infections (STIs) through comprehensive sexual and reproductive health development program targeting young people in this vulnerable community. AKV was therefore an invented name for the project that aimed at increasing the visibility of the new focus by then, and increased a sense of ownership of the program by youth and other stakeholders in this community. The program, specifically focusing on youths started therefore, in 2002 and was guided by an adapted theoretical framework below, that divided the intervention process into a five-staged community development model that included; *community analysis, designing and initiation, implementation, maintenance/consolidation and dissemination of the results*. In this case, the program was officially operating on nine primary schools and eleven villages all over the community.

The overall goal for the program was to promote the sexual and reproductive health (SRH) of adolescents aged 10-19 in Kahe community, covering in school and out of school<sup>1</sup> youths. The AKV program operated for three specific objectives:-

- i) Providing information about sexuality, HIV, AIDS, and STIs;
- ii) Development of life skills that would enable the learners (in-school and after school adolescents) to take-up health protective behaviors e.g. through self awareness, decision making, assertiveness, communication and negotiation skills, and;

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<sup>1</sup> Though, it could also mean to include those youths who have never been enrolled to any of the schools since their childhood, “**out of out school youth**”; have been used interchangeably through out the document to mean both youth who have graduated from primary school and the formerly defined.



- iii) Enhancing the positive behaviors of young people towards people living with HIV) PLHIV through fostering personal attitudes, social norms, and self-efficacy;

From that historical background of the program to which this evaluation study is referring, it should clearly sound to the readers of this document that the words “program and or project” have been used throughout the document to illuminate the evaluated scheme, as such, letting this intra-project study to stands alone for recognition.

## 1.2 Study settings and population description

Kahe community is situated 15km south of the Kilimanjaro regional headquarters (Moshi town) and a few kilometers from the Tanzanian-Kenyan border, 30 km north-west from the regional centre. For clarification, the headquarters town is situated a few kilometers south of the outstanding country roof, the Mount Kilimanjaro. Kahe community consists of two wards originated from one that existed previously (*figure-1 below*). The community constituted eleven villages in both wards (Tanzanian local-governments’ administrative structure) harboring an estimated more than 25’000 thousand inhabitants in the mid of each year according to national local government census in 2002. This population is spread out over five thousand households<sup>2</sup> across the community, with estimated relatively equal number of males and females of 12’065 and 11’759 respectively, according to information obtained during this study in August through October 2006.

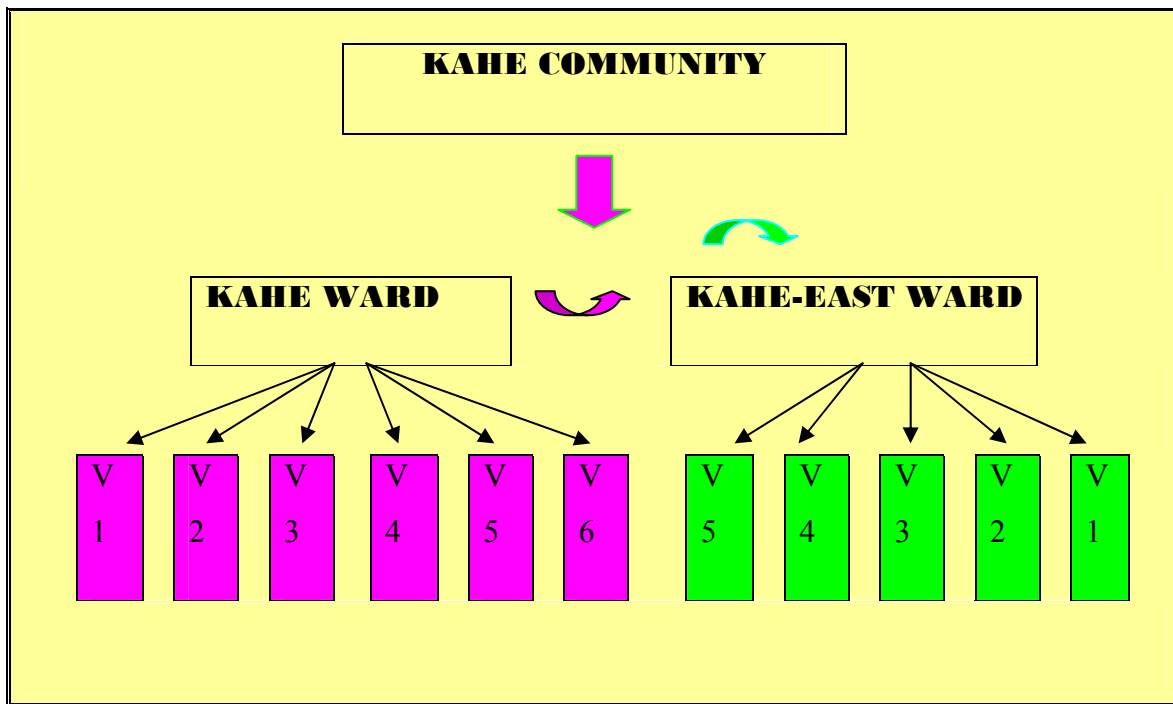
Primarily, the villagers practice peasant farming. This area has however, been the centre for perennial agricultural products business from the existed passengers and goods railway station, nearby sugar plantation, and former National Agriculture and Food Cooperation (NAFCO) projects. As such, few rice irrigation farming exists to date and mainly run by elites from the regional township. These activities have served to attract other people to come into the community on temporary-basis as farm laborers.

The general influence of the previously existed, and few remnants of such frameworks as explained above prevail even today, making the community multiethnic with an enormous

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<sup>2</sup> “**Household**” Terminology used to identify an individual family in a community. It could be just an individual person living in a house or several of related group of individuals most of whom contribute to homestead productivity and resources sharing besides being recognizable by other community members.

in and out migration of significant numbers of her inhabitants. This situation has altogether created a kind of risk arena/underlying factors effecting the spread of HIV and AIDS/STIs as previously reported in a study on sociodemographic context of the AIDS epidemic in rural areas of lake-zone north western Tanzania.<sup>(3)</sup> This is particularly again true amongst the vulnerable subgroups such as, adolescents who formed the main target population of the intervention programme described here.



**Figure 1-** Study area profile, showing an administrative evolution division of the community from previously existed Kahe ward

### 1.3 Research questions

The principal research questions identified for this study were;

1. How was the intervention program planned for implementation? (program description)
2. How and to what extent was the implementation carried out according to identified plans above?; and
3. What meanings (conclusions) out of the program implementation process etc, can we get out of naturally occurring subjective accounts of the program participants/implementers? (explanation of implementation status)

The first question explored the organizational issues related to underlying theoretical methods, their operationalization into deliverable strategies and adherence to original

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program design. The second question addressed the issues of how, why and extent to which the programme was implemented in certain manner and the last addressed the subjective explanations of the phenomena rising out of the first two, from study informants' perspectives.

#### 1.4 Definition of key terms

- **Sexuality-** A fundamental, natural, and complex part of being a human, and modified by vast arrays of life experiences that emerge from family relationships, sexual behaviors, physical and mental development, reproduction, gender, sensuality (body image) etc.
- **Sex education-** A broad term used to describe education<sup>3</sup> about human anatomy, sexual reproduction, sexual intercourse and other aspects of human behaviors.
- **Intergeneration Sex-** Any sexual contact behavior between the minor and the person at least five years older than the minor and perceived by either the participant or the society as sexually stimulating or intended to be sexually stimulating. <sup>(4)</sup>
- **EduSporting-** Has been an innovative strategy that integrated educational components of the program of concern, into sporting activities.
- **Adolescent-**Although lacking clear-cut demarcation between end of the childhood and beginning of adolescence, the phenomenon, is defined has a period a person is aged between 10 and 19 (WHO).
- **Youth-**Reflective of social role than chronological order, this is a period when a person is aged between 15 and 24 inclusive (UN).

#### 1.5 Positions of the researcher

The researcher in this study took the position of peripheral observer, not fully committed to informants' values, goals or being a genuine member of the group (study respondents). This position rather invited for more close observation and interaction with the groups for learning purpose. The PI in this study, did conduct all the individual interviews, and has

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<sup>3</sup> An organized application of pedagogy; a body of theoretical and applied research relating to teaching and learning.

principally been the sole data analyzer; in addition to memoing task, which was aimed at capturing all necessary categorical memos of, which he was the likely one with full knowledge of what he needed to record.

Besides, the already discussed roles in relation to this study, the investigator has been the intervention technical staff for the project during its implementation, the reason as to why, it was again binding to have an assistances in the process of data collection. As such, a trained and qualifying field assistant joined in for moderation of all the focus group discussions done for this study. The need for a research assistant was based on the chosen methods for data collection and the potentiality for researcher's bias (details discussed in chapter five-section 5.7; *Study limitations, delimitation and reflexivity*) in the research process. The main investigator of this study was also responsible to the fund providers for this study, and is as well responsible for protection of the study respondents' rights and confidentiality depending on the agreements met between the parties involved. Moreover, maintenance of communication with my mentors while in the field (consultation) proved an invaluable process and was maintained through out the fieldwork for this study.

### **1.6 Purpose and relevance of study to health promotion**

The impact of any behavioral intervention depends on its' effectiveness, in addition to how widely it is used, developing, and disseminating behavioral interventions that are easily integrated and sustained into existing health care arenas and/or community venues. This process is important to bring an effect over the changing social climate and to contribute to an intervention impact(s). The planning and execution of this study took place within the broader context of HIV and AIDS pandemic in Tanzania. However, the research questions and fieldwork were focused specifically on community (youths and parents) mobilization with respect to the implementation of the adolescents' sexual and reproductive health education program.

Specifically, the purpose of this study was to describe the intervention process of the K-CHDP through gathering information crucial for understanding the quality and precision with which the planned activities were implemented. This task had taken into account the detailed accounts of events, fresh perspectives of familiar events, and respondents' views of the process, groups, settings, and subjective accounts of the phenomena.

In addition to more widespread dissemination and application of strategies shown efficacious in earlier researches,<sup>(5)</sup> new innovative behavioral change strategies are needed to interrupt the spread of HIV and AIDS, to help those already infected/affected in maintaining their health. It is therefore hoped that detailed description of this program, will not only lead to desired implementation and further evaluation of this program, but also will spark interest among behavioral researchers who haven't devoted their efforts to the challenges posed by the HIV and AIDS pandemic both domestically and internationally. Moreover, the published materials provide very little information about the content and characteristics of interventions,<sup>(6)</sup> information that have been shown to be useful in elucidating programs effectiveness.<sup>(7)</sup> This information is also important in clarifying the need and choice for a program's theoretical underpinnings, their operationalization into strategic program activities as well as information for understanding what program components were put in place, how and why.<sup>(5)</sup>

As such, the study sought to gather information pertained to environmental influences; i.e. motivation, participation, and support; understandings of social power relationships; and willingness to participate collectively in program implementation, respectively of the three framework building blocks above. The information this study sought to bring about is also important from the fact that programs are not always implemented exactly same way(s) as intended and the fact that; most HIV and AIDS programs' evaluations although is supposedly an integral part of any health promotion program, have been observed based mainly on outcome measures.<sup>(5;6;8)</sup> This gap between process and outcome measures leads to a lack of research dynamicity and community processes involved in preventive efforts in an attempt to understand their strengths and weaknesses. Filling this gap would help in understanding of the complex environment in which intervention took place as to uncover the reasons for the observed specific impact/effects favorable for effective programs scaling over wide areas in other similar localities.

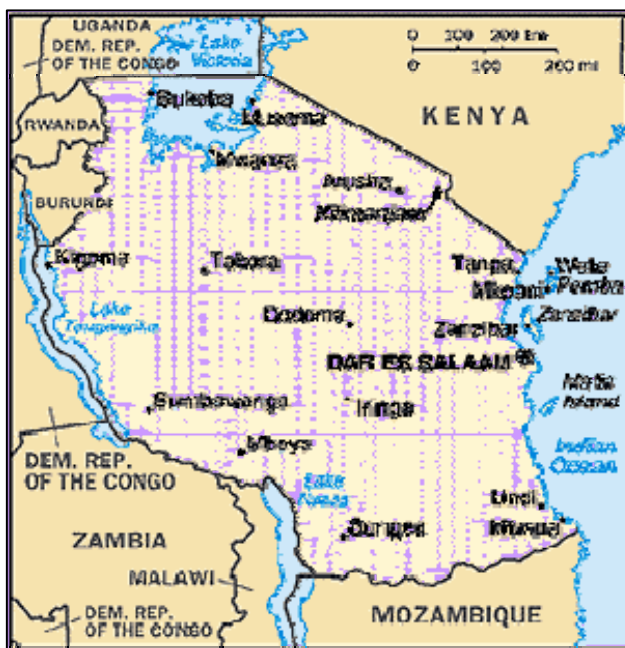
## **1.7 Tanzania, Country profile**

### **1.7.1 Social-demographic and geographic profile**

The United Republic of Tanzania is located in southeastern part of the African continent. It borders the Indian Ocean to the East; Kenya and Uganda to the North, Rwanda, Burundi, and Democratic Republic of Congo (DRC) to the west. Zambia borders the country to the southwestern part and Malawi and Mozambique border Tanzania to the south. The country

includes the isles of Zanzibar, (consisting of Unguja and Pemba), and the mainland. It covers a geographical area of 945'000 sq km; from where 883'00 is dry land and the remaining 62'00 sq km is covered by water bodies consisting of rivers, dams, parts of the Indian Ocean and lakes, some of which are shared among with neighboring countries.

According to the 2002 national population and housing census <sup>(9)</sup> the country had total population of 33 million people, among whom 51% are women and 46% are under 15 years of age. However, based on projected fertility rate of 2.3 (1997-2015), the current population is estimated at around 36.9. <sup>(10)</sup> Kiswahili is the major and official communication language (lingua franca) for the natives' majority, while the second official language for commerce, administration, and higher education is English. The map below (*figure-1*) is an illustration of country's political boundaries among other features.



**Figure 1;** Map of the United Republic of Tanzania showing borders with neighboring Countries, and main country regions for both Zanzibar and the Mainland

### 1.7.2 HIV, AIDS, and youth; Country Profile

Since the discovery of the first AIDS cases in 1983, the epidemic has been on the constant increase from the past decades to present a major threat to health, societal-wellbeing and economical-growth segments of the Tanzanian communities. <sup>(11)</sup> National prevalence among people aged 15-49 is approximately 8.1%, with approximately 2.2 million PLHIV. These figures however, are questionable on the basis that approximately only one in five of HIV and AIDS cases in the country are reported. <sup>(12)</sup> As such, the substantial impact is

already seen in the growing number of HIV and AIDS orphans, currently estimated to be over 1.1 million.<sup>(13)</sup>

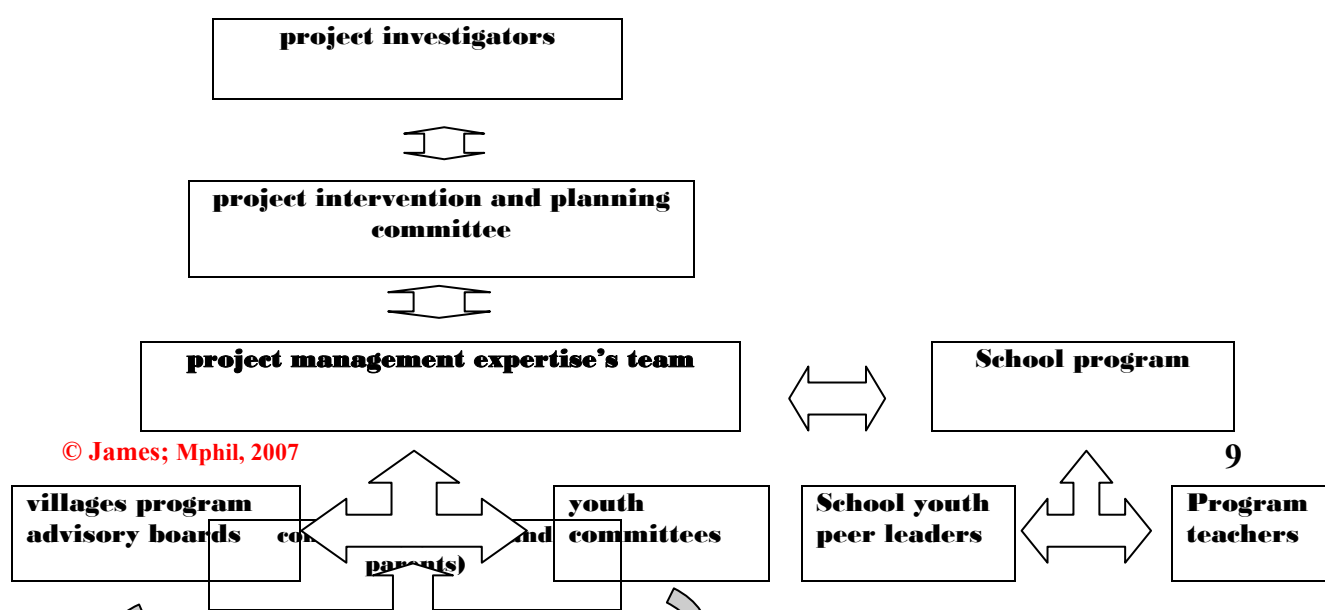
With 60% of the country population under 25 years of age, it is alarming that 60% of the country's annual HIV infections occur among mid to last age (15-24) of adolescence. In this case, according to national policy on HIV and AIDS; education, on reproductive health issues related to HIV, AIDS, and STIs is currently being integrated into the schools curricular.<sup>(14)</sup> The policy has also appealed to local governments, councils, NGOs, researching institutions and faith-based groups to develop participatory HIV and AIDS and sexual reproductive health education programmes for out-of- school youth as well.

## 1.8 Study information sources (Program description)

### 1.8.1 Project organization

K-CHDP, in addition to what has been described in the background section, was functioning under five main collaborating research institutions; three of which are in the southern hemisphere and two in the northern hemisphere. These were; Muhimbili University College of Health Sciences (MUCHS) of the University of Dar-Es-Salaam, Centre for Educational Development in Health (CEDHA) and Kilimanjaro Christians Health Centre (KCMC), all of which are found in Tanzania and The University of Oslo (UIO) and The University of Bergen (UIB), both of which are found in Norway.

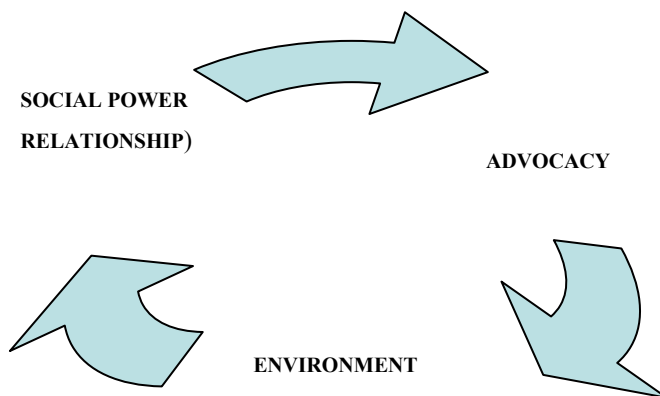
Locally at the community level, the project through its intervention and planning committee, collaborated with the Kahe community members to create project advisory boards and youths committees at village levels; through whom, the targeted group (youths) were served. The organizational chart below shows the effective relationships of the project's active bodies in two-way communication model.



**Figure 2;** *Project organization chart of K-CHDP showing functioning structures both at community and at managerial levels*

### 1.8.2 The guiding theoretical framework for the project

The theoretical framework that guided the K-CHDP was derived from general principles of social and community change, elements of organizational development and strategic social planning, and the theory of community empowerment<sup>(15)</sup> This framework served to influence behaviors and required changes both at individual and other social subsystem levels; as well as within the appropriate organizational relationships existing within the community.



**Figure 3;** *Diagrammatic presentation of the theoretical-conceptual framework for the program, showing the three main framework building blocks*

Whereas “social and community change theory” recognizes that behavior is greatly influenced by the environment in which people live. Approaches to behavioral change have recognized that local values, norms and behavior patterns have significant effects on shaping individuals’ attitudes and behaviors. This recognition however, emphasizes large-scale behavior change rather than changes made by individuals, through changing community’s societal norms about health-related behaviors.<sup>(16)</sup>

*Community organization* through its process of maintaining citizens interest, nourishing participation in programs and encouraging support for long-term maintenance of successful intervention efforts, has been a tool for achieving the goals of both primary prevention and treatment of chronic health problems. Through these principles it asserts large-scale behavior change that requires those at risk/affected by health problem be involved in



defining a problem, planning, instituting some steps to resolve the problem and establishing structures to ensure that desired change is maintained.

Participation, a sense of efficacy, group action, understanding of social-power relationships and willingness to participate in collective action has been a tool for “*community empowerment*”. It operates at individual levels to create a community’s general sense of raised levels of collective psychological empowerment and decisions making sought by community as a strategy for achievement of redistribution of *resources* in an effort to promote healthier individuals and communities. This is a process of enabling people to increase control over and improve their health, well explained in Ottawa Charter for community health promotion in 1986.<sup>(17)</sup>

### 1.8.3 Program intervention time-schedules and activities

Below is the table showing the planned activities for the intervention program over the course, 2002 to 2006. The given schedule should provide the reader with an overview over the following discussions on the program agenda.

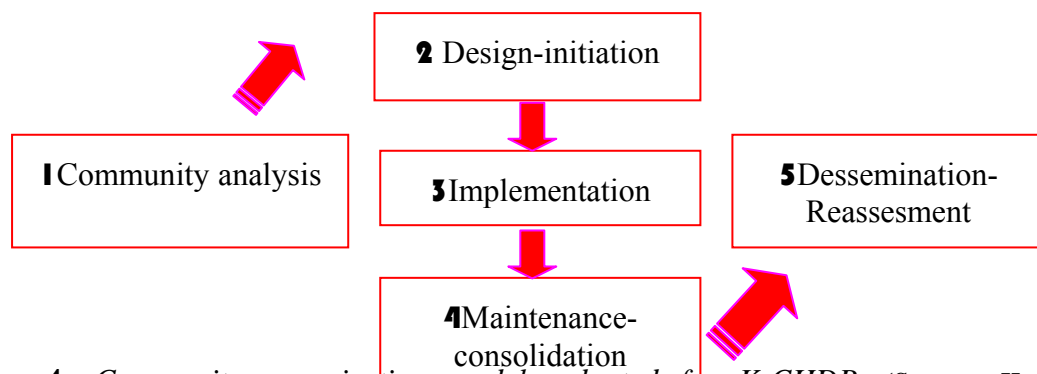
Year	Period	Activities
2002	January-June	-Recruitment and training of field staffs -Establishing local planning groups in the community -Setting priorities for health promotion intervention program for varying community settings -Conducting school-based and out of school surveys
	July-September	-Designing specific intervention program components -Providing training for teachers, health care workers and others involved in the intervention
2003	January-June	-Implementation of intervention activities  - Conducting school-based and out of school surveys
	July-December	-Continued implementation of intervention activities -Process and monitoring evaluation
2004	January-June	-Continued implementation activities -Planning for integration of intervention activities into community existing structures  - Conducting school-based and out of school surveys
	July-December	-Integrating activities into community agendas and social structures -Process and monitoring evaluation

<b>2005</b>	<b>January-December</b>	-Conducting school-based and out of school surveys -Update of community analysis (Reassessment) -Revising and disseminating the intervention program
<b>2006</b>	<b>January-December</b>	-Process evaluation of the program  -Conducting large scale dissemination of intervention program

**Table I:** Program intervention activities in a period of 2002-2006 and time–schedule

#### 1.8.4 The community organizing model for the project

The K-CHDP adopted a five-staged community-organizing model (diagram), which guided the activities throughout the program course from year 2001 to 2006. For details of activities, plans and/or similar movements that occurred in the community at each stage of this model, follow the clarifications below;



**Figure 4;** Community organization model, adapted for K-CHDP. (Source: *Health Promotion at the Community Level: New Advances by; Neil Bracht, 1999*)

#### Phase I-Community assessment/analysis

This phase was accomplished for seeking commitment of community participation and support in health campaigns as required. Moreover, knowledge of the assets, capacities, and history of a local community necessary for program implementation were obtained in this phase.

The process was accomplished by a careful "mapping" of the community through documenting its unique qualities, needs, social structure, modes of decision-making and also worthy of the process; an opportunity was used to create the foundation for program implementation through evaluating readiness for community involvement. This provided

the basis of an informed approach that realistically matches program goals with citizen readiness, expectations, and resources. Analysis was a critical first step in shaping the designing and campaigning for interventions, and it proved invaluable to involve members of the community at this stage. The product of community analysis was an accurate profile that blended health and illness statistics with demographic, political, and socio-cultural factors and has been useful internal document for the project

### **Phase II-Design-initiation**

In each village, a local planning group consisting of representatives from health care sector, village leadership, locally existing Non Governmental Organizations (NGOs), parents, youths, religious leaders etc, was established. These groups were limited to 8-10 members in each village, and in order to facilitate communication across villages, some members served on more than one committee (i.e. health care workers, NGO representative etc).

To avoid conflicting interest among adolescents and other groups (mainly parents), we created two different groups in each village. These were *Villages' project advisory boards (VABs)* and *youth committees*. These groups had members representing the wider community to ensure community involvement and participation. These groups were responsible for setting local goals and making plans for how to implement the program, including choosing organizational structures within the groups, clarify roles and responsibilities, acquire training and recognitions. A full-time project staff supervised this phase, as well as next, the implementation phase.

### **Phase III-Implementation**

Based on the community analysis and priority goals set by the local planning groups above, possible prioritized intervention activities were defined for each village. While these activities differed somewhat from one village to another, the following activities are the examples of intervention components that were mainly implemented in the community areas;

- i) School-based sexual and reproductive health education: Both curriculum and adolescent peer-based comprehensive sexual<sup>4</sup> and reproductive health education

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<sup>4</sup> Words, "Sexuality-/sex- education has been used interchangeably throughout this document to avoid monotony.

based on existed and evaluated sexual and reproductive health curricular elsewhere in the country, were made available to teachers who were properly trained on how to deliver the program;

- ii) Mass media strategies: Utilizing available local media including print media (Magazines such as Femina<sup>5</sup>, brochures, booklets etc.);
- iii) Advocating for youth-friendly health services: Making health services more easily accessible to local adolescents through collaborating with health care providers in the community;
- iv) Condom Promotion: Utilizing a social marketing strategy already tested in other parts of Tanzania. The project incorporated the sole importers, distributors, and social marketers of the country's prominent, widely known, and accepted type of condom in the country, "*Salama Condoms*" into this process. Salama is Swahili word for "*safe*" logo.
- v) Campaigning for community-offered school meals: Securing the pupils for proper meals per school day, as is offered in other schools in the districts of Kilimanjaro region;
- vi) Peer-based, sexual, and reproductive health education for out of school youths; which encompassed the wide concepts from; *essential life skills* education such as, decisions making, effective communication, self-awareness, coping with emotions/stresses, problems solving, empathy building and interpersonal relationships skills. Further, in this package, *sexual health education*; such as, HIV and AIDS/STIs, teenage pregnancy, drugs and alcohol use and abuse were included. *Sexual behaviors*; such as, behavior change, effects of peer pressures on youths' health, risks perceptions, safer sex, sexual debut, and gender and sex was included as well.

Moreover, issues from *society and cultures*, such as, media and the image about sexuality and sex, were all incorporated into the program. For each village, a specific work plan was developed in collaboration with the locally formed planning groups. These groups also played an important role regarding

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<sup>5</sup> **FEMINA** has been a Sida funded 'Edutainment' approach project where adolescent sexual health is promoted through a youth/women's magazine format.

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generating broad community involvement, participation, and/or support for the prioritized activities.

#### **Phase IV-Maintenance-consolidation**

During this stage, to which this process evaluation is part of, both successes and problems in the implementation were reviewed. This activity included reviewing of; task forces for the local citizens' organizing, needed to determine any new directions or modifications of the program, including activities to maintain high levels of volunteer involvement. Efforts of organizers to have program elements and interventions more fully incorporated into the established structures of the community (e.g. sporting activities becoming a regular part of worksite community culture and propensities) continued in this phase as well. Local planning groups worked with project technical staffs (evaluation and intervention specialists) in order to explore how intervention activities could be integrated into existing community structures and secure continuation of activities past the project period.

#### **Phase V-Dissemination-reassessment**

This phase was planned to include an update of the community analysis, which however is yet to be done. As such, the results of this process evaluation study would remain featuring the outcomes of the project implementation until outcome evaluation phases out. In this last stage, the strategic dissemination of information on program outcome and the finalization of plans for the durability of intervention efforts are the key considerations.

Communities and citizens need to receive clear; succinct messages describing what has been accomplished and the continuing efforts that may be required. Such messages are reinforced when community leaders and local advocates are involved in their presentation. The local durability plan will include a vision for future health and social improvements, and laying out strategies to identify, recruit, and involve new people in current or future projects and community activities with possibly revised strategies for program implementation. Furthermore, the effectiveness (outcome evaluation) of the intervention will be assessed. The results will be summarized and presented to regional, national health and educational authorities and all other institutions involved in this research program.

### **1.8.5 Project structure and functionalities at community level**

#### **1.8.5.1 Out of school SRH education program**

The program for out of school youths involved working with community leaders and included parent representatives who advocated for the program to the wider community, as explained above.

### **Program village advisory boards and compositions**

These boards were formed in every individual village (among eleven) in which the program was operating with the following composition.

- Two prominent village government leaders (Chairperson and Executive officer);
- At least one religious leader, preferably of a most dominant denominations, depending on the existing situation in particular village;
- One formal health care provider;
- At least one informal health care provider;
- Two youth (adolescents) gender balanced representing youths committees in the board;
- Two parent representatives, (gender balanced);
- Local representatives of other organizations working in the community (where deemed necessary);
- Other influential individuals deemed necessary according to the results of the community needs assessment in 2001. These were such as, informal leaders and tribal/traditional based leaders, depending on the setting to where the boards were referring.

### **Overview of responsibilities of the board members to the program implementation process**

Generally, members of these boards were not the direct implementers of the program, rather the agents who ensured the smooth operation of the program in the community. The structure as well, allowed for the program publicity through helping to elaborate the program objectives to the community members in various arenas depending on the board members' representations e.g. villages' government community leaders would do this through the community meetings they conducted in their areas pertaining to their daily activities.

Similarly, the program planned to involve the religious community in the process, as a challenge to the community to help in fight against HIV and AIDS and general upbringing of adolescents through advocating for their sexual and reproductive health needs. Local representatives of other organizations would integrate the program delivery strategies into their own and thus helped in steering up the implementation process. Youths had to be represented in VABs whose compositions were also planned to be more of advisory, especially to youths who were implementing the program among themselves. The youths' representation in these VABs was therefore, considered necessary linkage through where the information on necessary needs and/or advisory messages from one side to the other could be diffused. Involvement of health care providers in the program, as already said above, served in advocating for youths' friendly health care services from their own community. Both formal and informal (traditional) health care services are recognized as having invaluable contributions to the health of individuals living in rural communities all over the country.

### **Youth committees and compositions**

Youth committees were formed for similar purpose as the village program advisory boards, with exception that, youths were the actual implementers of the program among themselves as explained above. Youth committees were also composed of youth members who represented different parts of youths' functional structures (groups) in the community. The maximum number of members in these committees was ten and gender balanced, with few exceptions. These structures included representatives from;

- Income generating youth groups;
- Religious affiliated youth groups e.g. youth choir groups;
- Entertainment youth groups e.g. sporting youth groups;
- Influential and/or prominently known and respected and naturally occurring youth leaders in the community;
- Two (trained) youth peer educators (gender balanced)
- Other youth organizations that were involving themselves with various activities in different areas of these villages e.g. "*youth alive organization*", a self-initiative and

religious affiliated organization that was organizing youths against HIV and AIDS in one of the eleven villages were also involved into these coalitions<sup>6</sup>.

### **Selection of out of school youth peer-leaders**

Out of school, youth peer-leaders selections have been among the most challenging part of the program planning in the community. This process was made possible through opinions collected from interviews with individual parents, youths, and village leaders of different community settings in order to find the most supported youths who could lead others.

Moreover, the process continued after the youth committees and villages' program advisory boards were formed. These two groups with members representing varying parts of the community provided invaluable support in accomplishing the process. At last the names of the potential youth peer educators were proposed from each village and the names were proved by youths (through their committees) to whom the choices could have the influence during program implementation. After this lengthy process, the short-listed youths were contacted for possible comments and agreements for them being youth peer educators in the program. Further information e.g. on trainings were provided to those who agreed to serve their colleagues. Fortunately we did not have anybody refused being peer educator.

### **Overview of the responsibilities of members of this group to the program implementation process**

The youth committees were the steering committee for the program in the community, with possible inputs from their respective village advisory boards who were the guardians to shield them wherever they needed to go. Representatives of respective youths' groups were responsible for propagation and/or communicating the program objectives to all other targeted youths from areas they represented.

Moreover, these committees functioned to oversee the possible strategies through which the program could best be implemented in their areas, the process, which included, formations of possible "*action youth groups*" in each village for the assigned tasks. Action youth

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<sup>6</sup> **Coalition** refers to collaborative efforts; an alliance of various individuals, social institutions, community leaders, and /or other community organizations who work together with interest to promote public awareness to a problem and attract the community members' ultimate participation.



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groups were composed of motivated youth members, including trained youth peer educators (the leaders of these groups) who performed various activities pertaining to the objectives.

#### **1.8.5.2 Schools sexual and reproductive health education**

School sexual and reproductive health education involved/targeted the higher grades (sixth and seventh) adolescents in all the eleven primary<sup>7</sup> schools in the community. Through class-teachings and extracurricular activities conducted among students guided by their respective peer-educators, the targeted adolescents could improve their skills and appropriately change their behaviors.

However, through similar process, other students (than targeted) could also have opportunities to learn from their targeted seniors e.g. through public performances and presentation of beneficiaries' knowledge to the school society whenever opportunity allowed. These public performances were planned to take place in forms of mimicry, choirs, poems, dramatization, artistically presented posters etc.

#### **Selection of in-school youth peer leaders**

Selection of in-school youth peer leaders took the principles of sociograms, “a valuable tool for determining how students are viewed by other classmates” and provided information for program implementation planning among students of the targeted grades. Moreover, it allowed students to work rather in motivated ways with chosen peers.

#### **Procedures:**

Although most teachers in these grades knew their students' interactions better than anyone else could imagine, and could have selected the best potential peer-educators; sociograms still provided valuable information beyond individually based selections. As such, e.g.;

- i) Students were asked to list the names of other (limited number e.g. one female and one male) students on a piece of paper with whom they would like to sit;
- ii) Two names of a fellow student with whom they would like to work in a program or would they like to play with at recess; and

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<sup>7</sup> “Primary”, school is the lowest accessible, acceptable, and mandatory level of education everybody should acquire in the country after kindergarten training of all children.

- iii) They could also be asked to write the names of those students they would like to invite to an outing party and possible accompanying reason.

Such questions could continue depending on what we are looking for. The process is supervised by teachers and results are kept secret to prevent damaging the self-esteem of those students not selected. In this case, the results were kept secret from all students. However, those who were not selected by majority (resulted from tallied counting of voting) were the centre of attention in program intervention, as they could be having much invisible influence on other students as well. Such students therefore, could be provided with special social skills and/or leading positions in youth groups e.g. team captains and/or game leaders. This would go unnoticed why all these were happening because students did not know the results of their votes.

### **Selection of in school program teachers**

Selection criteria for in school program teachers were bound to the fact that those who were allocated by that time to teach the science subject in the targeted grades were those eligible for trainings, for program delivery.

### **1.8.6 Advocating for community support and participation**

Advocating for increasing awareness of and support for effective programs and policies has been essential for the success of any adolescent reproductive health effort.<sup>(18)</sup> Historically, the public health field has examined environmental, social, and behavioral determinants of health states of individuals and communities and has increasingly involved the public itself in identifying and addressing problems of concerns.<sup>(19;20)</sup> As such, community health promotion field therefore, has adopted an emphasis on the elements of empowerment, participation, multi-disciplinary collaboration, capacity building, equity, and sustainable health development.

A number of factors have been found to influence the common heterosexual transmission route of HIV in Sub-Saharan Africa (SSA). The parameters operate at individual level and are connected to societal norms and health care infrastructure. Others arise out of laws, policies and development.<sup>(21)</sup> The complexity of the situation underscores the need to address the concept of *evidence-based decision making and accountability* envisioning for better health outcomes<sup>(22)</sup> in community health promotion agenda. In response, casting drama was broadcasted in this community's sound system(s) to catalyze their involvement

in carrying out HIV and AIDS prevention initiatives. This was because; the subject of adolescent reproductive and sexual health has been controversial in many communities, making advocacy, and awareness rising even needier. Similarly, therefore; the multi-sectoral HIV and AIDS prevention strategy directed at young people of Kahe community entailed the use of an integrated project and representatives from existed non-governmental AIDS/Non-AIDS related services. Parents, health officials and youth themselves were also involved to conduct community initiatives that would result into positive health behaviors relevant for the maintenance of the general well-being of society.

This purposeful invention was important to tackle the feelings community practitioners and local participants could have that, evaluations were being imposed upon them in manner that failed to appreciate the uniqueness of their community and local practitioners' skills and experiences. Moreover, the process proved necessary because, community concerns and priorities anywhere else are likely to differ from those of implementers and/or innovators of the new programs. The unresolved differences may result into unexpected reaction by the target community if their involvement in the program is ignored especially in planning and designing.<sup>(23)</sup> The major intent of this study was therefore, to examine the extent to which the K-CHDP fulfilled its planned endeavors.

### **1.8.7 Project implementation planning in the community**

Planning for the program implementation was a lengthy process, which involved the community at all stages as clarified in the guidance model for the program.

#### **1.8.7.1 Training of program implementers**

After all the plans for implementation were in place, we had another stage forward to accomplish. This was providing the trainings to the community members who were in one or more ways involved anyhow in the program implementation process. As such, community members who received an extensive knowledge and technicalities-based trainings for the program advocacy were such as;

- i) Over eighty members of the villages' program advisory boards from eleven villages;
- ii) Two youth peer-educators from each of the eleven villages;

- iii) Two school teachers who were delivering the curriculum-based school program and also supervisory tasks to the targeted grades from their schools; and
- iv) Four peer-educators from each school (two per each grade) from each of the nine schools, for peer-based education among students from their respective grades.

#### **1.8.7.2 Multi-focus health risk factors intervention**

According to the results of the community analysis (needs assessment) that guided the planning for this program implementation, the program planners and implementers decided to adopt the multi-strategy implementation process that aimed at addressing the multiple risk factors for adolescents' sexual and reproductive health, and behaviors in this community. As such, the previously identified health risks from initial community assessment were;

- i) Substantial in and out movement in the community;
- ii) Alcohol, tobacco and substance abuse among youths;
- iii) Social health risks for HIV and AIDS/STIs, such as; low-knowledge and general illiteracy;
- iv) Health risks such as, potentially threatening STIs, HIV, AIDS and;
- v) Advocacy on health seeking behaviors through health care providers in the community, such as traditional birth attendants, herbalists and other forms of traditional healers as long as they were under recognition by their communities etc.

#### **1.8.7.3 Strategies used in program implementation**

The Information, Education and Communication (I.E.C), was the main intervention package for the program from which, evolved set of several activities (components); that could mainly be categorized into four, all targeting at both adoption of safer-sex behaviors and abstinence from sex for sexually active and sexually-inactive(young) adolescents respectively.

The four categories were; *Knowledge acquisition, Skills development, Attitude development, and Motivational support*. These tasks were accomplished through various specific activities according to when, why and how the implementers considered necessary; as such; traditional, societal, environmental and; behavioral factors from different social

systems of the community and individual youths, respectively could be influenced. This implied that, the strategies somewhat differed slightly from one village to another, however with overall objectives remaining the same all across the intervention community. Strategies that were used included;

- i) Drumbeating and dancing, singing and rapping youth groups;
- ii) Edu-sporting;
- iii) Dramatization and mimicry;
- iv) Youths group discussions of issues pertaining to their health;
- v) Mass media communication, as such used in social marketing of condoms;
- vi) Information and education were accomplished through written learning materials aids such as, brochures, and booklets for provision of sexual and reproductive health knowledge to adolescents. The acquired booklets have been the documents of GTZ<sup>8</sup> reproductive health project support in Tanzania, 1998-2000. The booklets, were developed together with adolescents and African Network for Research and Health Development (AFRO-NET) over sometimes back in the process of learning adolescents' behaviors. The booklets were the serial volumes, with heading topics such as; *growing up, male-female relationships, sexual relationships, pregnancy, healthy relationships, and HIV and AIDS and the new generation etc.*
- vii) Summative youths congregations that gathered all youth groups from all other parts of the community proximities to one central village;

The amphitheaters for program implementation activities included; street intercepts, sporting pitches, villages' held and other meetings that kept occurring around the villages e.g. in churches, ceremonial etc.

#### **1.8.7.4 Program monitoring and supervision strategies**

Time series evaluation design (as indicated in the schedule), was in use for this purpose where the community served as its own control. The students from sixth and seventh graders and similar (by age and status) out of school youths were under annual survey over

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<sup>8</sup> GTZ is the German Agency for Technical Support, translated from; (Deutsche Gesellschaft für Technische Zusammenarbeit).

eleven villages and nine schools covered by the project during the period of the year 2002-2005.

This design controlled for maturation due to age (from sixth to seventh grade) and to comparison of patterns of change across the villages (where changes of the patterns would increase the credibility of the observed results). Moreover, processes feedback from the instructors and/or implementers, as well as frequent visit of the project technical officials to the implementation sites served very important roles in the program monitoring process that included on sport handling of challenges and/or problems aroused etc.

## **Chapter 2**

### **2. Literature Review**

#### **2.1 Process evaluations and health promoting interventions**

Rigorous evaluation of intervention program in various settings is needed to determine which interventions will function most efficiently in a specific setting. This role is also important in order to spend scarce resources wisely. Further more, scientific and ethical imperatives are watching on public health programs to demonstrate evidence of their effectiveness in developing countries.<sup>(24)</sup> These efforts are annexes to the fact that evaluations are crucial component of any health intervention program, and for avoidance of reliance on implicit prudence assumptions about health promotion programs' effectiveness.

Process evaluation can therefore, help in learning detailed accounts of obstacles facing the intervention for immediate changes or at least for future considerations in similar projects. This can be done not only through describing the quality improvement (QI) global terms

e.g. feedback, reminders, free office materials etc., but also through actual experiences of the activities that may influence the final results (success/failure).<sup>(25)</sup> Moreover, it can meticulously also describe the QI itself, through studying actual exposures to this intervention and experiences of those exposed/participants; (that is implementing the changes that could improve the outcome). As such, the performance could be enhanced by setting new focuses. Further, this procedure can throw light on the mechanisms and processes responsible for the program's outcomes, (examining the process of care) and variations of these results in the target group/study population (testing changes in these processes).

## **2.2 Effectiveness of health promotion intervening programs**

Models of health promotion programs such as those proposed by Cullen and Greenwald in 1984,<sup>(26)</sup> identifies some steps in the development, research, and evaluation of intervention for a defined problem and establish efficacy and effectiveness of researching interventions. These models however, lack links to subsequent steps involved in planning more wide-spread program adoption, implementation and sustainability as discussed by a number of researchers e.g. Johnson and colleagues.<sup>(27)</sup> The emphasis about this lacking need is also provided by most contemporary health promotion models through focusing on the need for intervention, which target at multiple levels, including psychological, socio-environmental and policy components.<sup>(28-30)</sup>

However, besides existence of the contemporary health promotion models, very few of these types of studies appear to neither focus sufficiently on socio-environmental context of behavior, nor on appropriate methods for implementing health promotion strategies.<sup>(29)</sup> As such, in their reviews of articles, Oldenburg, Dzewaltowski, Johnson and their respective colleagues,<sup>(27;31;32)</sup> strongly suggest that there is inadequate/less attention in the development research base for broader dissemination, diffusion and institutalization of health promotion programs. This could be because, of inadequate and/or insufficient testing of health promotion programs that would lead to unwarranted diffusion.

Developing countries face the challenge of using research evidence to influence e.g. weaknesses of their health systems, lack of professional regulations and access to evidences which is explained by failure to successfully implement even health interventions that has been proven to be highly cost effective by high quality evaluation research.<sup>(33)</sup> To understand why some interventions are successful and some are not, we need to study the

black box of un-successful interventions. Various intervention studies in Africa and other similar places have identified different processes in the community as inhibitors of the effectiveness of health risks preventive strategies. Moral issues about the content of the preventive messages e.g. abstinence versus condom use have been identified as slowing down the intervention processes, especially with regard to young people. Moreover, because diverse cultural groups have diverse needs and perspectives, general preventive approaches are seldom effective.<sup>(8)</sup>

### **2.2.1 Schools-based sexual health programs**

Evidence from the published literature shows that many school-based HIV and AIDS interventions in SSA have been found to exclusively emphasize abstinence and/or faithfulness, ignoring the significant proportion of adolescents who are already sexually active.<sup>(34)</sup> This paucity of potentially effective programme components in influencing adolescents' sexual behaviors, has been found to be resulted from opposing concerns of community gatekeepers who think that some program elements might lead to increased sexual activities among their children.<sup>(8;35;36)</sup> Moreover, global political and economic dynamics also play significant roles over effectivity of sexual and reproductive health programs in developing countries. As such, developing countries, seek to comply with conditional release of funds from providers (developed countries), for their researches e.g. Federal government of America, which has currently been insisting on funding for "abstinence-only" adolescents' sexual health programs!<sup>(37)</sup>

Besides, African school-based, adolescents' sexual and reproductive health programs have been found sharing characteristic successfulness mainly through self-reported behaviors from surveys. However, such impact are lacking evidence from biological markers and theoretical determinants of behaviors, rendering self reported data limiting itself in indicating the successes of these programs.<sup>(38-40)</sup> Some researchers, have linked such successes to easiness with, which health promotion agenda could be integrated into schools' curricular and policies, unfortunately outside Africa, from where none of the published details of schools programmes, meetings the criteria for "healthy school program" could be found in one of the reviews.<sup>(41)</sup> Such drawbacks and contrary to successes rising out of self-reported data could be related to incomplete implementation of key components of these programs. As such, shortage of classroom time, teachers fear of



controversy and unfamiliar have been identified from Uganda contributing to such disappointing results,<sup>(42)</sup> among others.

Differing from one place to another, this would explain the observed inconsistencies and diversities in results from evaluations of sex-education programmes.<sup>(5)</sup> This could be because most programs are therefore forced to adopt heterogeneity of research initiatives e.g. the programmes that encompass curricular that vary widely in their aims, scope, implementation, and contents. However, some studies e.g. one from Zambia,<sup>(43)</sup> has found factors influencing adolescents' sexual behaviors to be multitudinous, each of these postulated as contributing only to portions of observed adolescents' behaviors. As such, these findings are in agreement with other researchers' conclusion from similar studies that; it is almost impossible to invent a magic bullet through a single easy to implement intervention as opposed to more or less situations influenced by few antecedents with large impact. Under this and the like situations, the need for programs to which adolescents/participants have positive reactions,<sup>(23;44)</sup> cultural barriers to effective intervention<sup>(45)</sup> and gender differences at multiple ecological levels<sup>(46)</sup> are all well considered is obvious.

This is to say, interventions that would provide opportunities for people to come together in order to discuss HIV and AIDS as one strategy among others could prove efficiency and effectiveness of behavioral-change health promotion programs at community levels. This component has been found missing from African youths' sexual health literature. As such, information such as; detailed description of the methodologies used, intervention procedures, whether wide-school domains were considered in their approach, e.g. extending beyond classroom to include factors in schools environment, and involvement of community in planning and implementation have been indicatively lacking.<sup>(41)</sup>

These are definitely the challenges to evidence of effectiveness of these programs. These ideas are complemented by number of researchers e.g.<sup>(47;48)</sup> who concluded that, generalized HIV epidemic can best be controlled through expanding the range interventions and strategies that promote various aspects of sexual-risk reduction. These arguments significantly support the ongoing efforts and encourage the regional scientists and communities to put endless- efforts towards fighting the pandemic.

### **2.2.2 Community-based youths' sexual health programs**

Community-based youths' sexual health programs are seemingly few, evidenced from paucity of literature indicating either process or outcome evaluation of such programs. Sharing characteristic of being unfixed in particular settings, these programs vary widely in designs and often, contextual specific.

As such, impacts of youths' health development programs have been indicated to be of mixed nature. Nevertheless those, which are peer led, have been found having influence on youths decisions making through improved self-efficacy<sup>(49)</sup>, as well as higher ages at marriages, decreased rates of unintended pregnancies through use of contraception; as a result, profound positive influence on HIV and STIs infections among adolescents has been noticed. Moreover, other researchers as well, have observed youths contact with peer-educators as having positive influences towards knowledge on reproductive health related issues.<sup>(50)</sup>

### **2.3 HIV and AIDS, situation in Sub Saharan Africa**

The HIV and AIDS pandemic is human beings' devastating and weakening hurricane in SSA, with however less acknowledgement of its impact on youth.<sup>(6)</sup> Of an estimated 10.3 million young (aged 13-24) PLHIV, 70% are living in SSA.<sup>(51)</sup> Under situation like this, SSA's youth surely deserve to be the focus for preventive efforts if the concern is to control the epidemic. A substantial proportion of school-aged adolescents, whether in schools or out of schools, report being sexually active with a relatively early (as 12 years old) age of sexual debut, alarmingly reported to be unprotected with multiple partners.<sup>(5;48;52)</sup> This magnitude of un-protective sexual behaviors suggest the need for deeper understanding of the direct and indirect influences of socio-economic, cultural and behavioral contexts from the communities in which the contemporary adolescents are socialized and become sexually active.<sup>(34)</sup>

Furthermore, adolescence has been identified as window of opportunity for enhancing abstinence and delay of onset of sexual risks.<sup>(48)</sup> The ages between 12 and 14 constitute an important entry point for interventions that aim to delay the onset of sexual activity in younger population in order to increase the adoption of risk-reduction strategies in older

population.<sup>(11;36)</sup> The World Bank (WB) and World Health Organization (WHO) in their World Development Report in 1993,<sup>(53)</sup> identified school-based programs as one of the most cost-effective approaches to health promotion, and later in 1999, released an affirming-report on important considerations for programmes that intend to change adolescents' sexual behaviors.<sup>(54)</sup>

## **2.4 Current global situation, Youth, HIV and AIDS**

Currently, over half of the world's population is aged less than 25 years, range within which those aged 10-24 are 29% and with 80% living in developing countries where HIV and AIDS/STIs are among the more common health problems.<sup>(55)</sup> Again of the estimated 40 million PLHIV worldwide, 38% are under 25 years of age and count for almost six thousand infections per day among 15-24, approximately one infection every 15 seconds.<sup>(56)</sup> This would mean that young people are still the centre of the HIV and AIDS pandemic in terms of transmission, impact, vulnerability, yet also holds potential for change.<sup>(57)</sup>

Several studies have reviewed the characteristics of effective programs focusing on HIV and AIDS/STIs,<sup>(58-60)</sup> and teen pregnancy.<sup>(61)</sup> Despite of an abundance of sexual-risk reduction programs which however, may have contributed to some improvements in adolescent risk behaviors, adolescents continue to be at high risk, especially females, with respect to adverse consequences from sexual, sensual to fertility-related behaviors.<sup>(33)</sup> This observation is supported by the evidence that adolescents who engage in one risk-behavior are likely to engage in other risk behaviors,<sup>(62;63)</sup> for various reasons such as rebellion for autonomy, curiosity etc.

Behavioral-change interventions would therefore continue to offer the best opportunities for preventing further spread of HIV and AIDS in developing countries with high rates of infections,<sup>(21;59;64)</sup> despite of the fact that little is known about which interventions are effective and why.<sup>(65)</sup> This gap might be partly due to the active ingredients of behavioral interventions which are often inadequately defined and barriers for implementations that are somewhat rarely explored.<sup>(66)</sup>

## Chapter 3

### 3. Methodology

#### 3.1 Methodological preamble

This community-based study, was built on phenomenological qualitative research approach, the 20<sup>th</sup> century philosophical movement which describes structures as they appear to consciousness without much influence from resources to existing theories, deduction or assumptions from the studied-discipline.<sup>(67)</sup> This approach intended to describe the lived experiences of the study participants with regard to AKV program implementation phenomenon, how, and why they interpreted these experiences in their probable unique way(s). In addition to qualitative research being pivotal to our understanding of socio-behavioural aspects of HIV disease,<sup>(68)</sup> a chosen approach views a person as an integral part of his/her environment and that no single universal reality has ever existed or at least for long. This is because, human beings interpretation of the world around them would depend on spatiality (location), corporeality (state of mind/body), human relationships (relationality) and temporality (time).<sup>(68;69)</sup> As such, according to Creswell,<sup>(70)</sup> it emphasizes on role of human consciousness in defining reality; and a critical

tenet of phenomenology is a break with presumptions. In this case, reality is subject oriented, and this means there is always a possibility for multiple realities.

Unit of analysis in this case is a person, whose behavior is studied through interpretation/explanation of his/her actions and/or experiences. Outcome of an analysis are the fresh theoretical statements responding to research questions and validated by data, often-direct quotes from the study subjects. Hitherto, this approach has been able to answer questions such as; what are necessary constituents of certain feelings and/or experiences people have, and what does the existence of these feelings and/or experiences indicate concerning the nature of human being and/or an issue of our concern. These fundamental questions were consistent with research questions in this study to justify the choice of this design and approach.

### **3.2 Research approach, design and methods**

#### **3.2.1 Choice of qualitative approach**

Qualitative research approach draws an interpretative orientation that focuses on the complex and nuance process of creation and maintenance of meanings to justify its' fluidly nature. It aims at eliciting the contextualized nature of the experiences and actions, and attempts to generate analyses that are detailed, thick, and integrative in the sense of individual events and interpretations to larger meanings, systems, and patterns.

The choice of qualitative approach in addition to what has been narrated above, depended on its ability to provide an insight into how people make sense of their experiences that cannot easily provided by positivists paradigms. Over years, qualitative research has been a powerful tool in allowing an understanding of the contextual issues that have become concerns of public health. Within the public health arena, qualitative information has been useful in explaining economic, political, social and cultural factors which influence health and disease; through gaining an understanding of how communities and individuals within them interpret health and diseases and study interactions between various players who/which are relevant to any given public health issue <sup>(69)</sup>

Some researchers believe that qualitative and quantitative methodologies cannot be combined because of assumptions underlying each tradition that are vastly different. As such, others think that the two paradigms are not mutually exclusive and incompatible,<sup>(71)</sup> yet others still believe they can be used simultaneously.<sup>(72)</sup> To some extent, arguments above could be right as, each approach has its own drawbacks. This is because quantitative research for example, often forces responses or people into categories that might not necessarily fit to make meanings; where as qualitative methods on the other hand, focuses too closely on individual results and might fail to make connections to larger situations on possible causes of the observations.<sup>(73)</sup> These kinds of arguments have for long been based on the relative values of the two main research enquiries. However, both qualitative and logical positivism enquiries cannot necessarily be compared against one another in competing stances. Patton,<sup>(74)</sup> advocates that paradigm of choice should be that which seeks methodological appropriateness as primary criterion for judging the quality.

Epistemologically, the approach is based on paradigm of personal knowledge, and subjectivity; and emphasizes on the importance of personal perspectives and interpretations. As such, the approach is a powerful tool for understanding subjective experiences, gaining insight into peoples' motivations and actions through clutter of taken-for-granted assumptions and conventional wisdom. Unit of analysis in this case is a person, whose behavior is studied through interpretation/explanation of his/her actions and or experiences

### 3.2.2 Research design and methods

I wanted to do research regarding an aspect of educating and learning practice; namely "*Behavioral change intervention*" based on the by then, ongoing fieldwork of community-based youths' health promotion program. Wanting an explorative research design and restricted by budget and time schedule, I chose phenomenology.<sup>(75;76)</sup> The chosen design eliminates the specific, identifies phenomena through how they are perceived by actors in a situation.

Most Philosophers regard Edmund Husserl (1859–1938) as the fundamental of phenomenology in the 20<sup>th</sup> century. Husserl rejected the belief that objects in the external world exist independently and that the information about the object is reliable. External world can be reduced to the contents of personal consciousness by ignoring anything outside immediate experience, to be certain. In this case, realities are thus treated as pure

‘phenomenon’ and the only absolute data from where to begin.<sup>(69)</sup> This philosopher named this as “*phenomenology*”.

Phenomenologists study situations in everyday life-world from viewpoint of the experiencing persons. In contrast to emphasis on culture, characteristic of ethnographers; phenomenology emphasizes the individuals construction of life world (assumptions about everyday life and experiences), the whole of peoples’ unquestioned and subjective experiences of their biological world. This approach therefore, would describe the lived experiences of the study participants with regard to AKV program implementation phenomenon, how, and why they interpret these experiences in their likely unique perceptions. Moreover, phenomenological studies make detailed comments about individuals’ situations that do not lend themselves to direct generalization into the same way, which is sometimes claimed for surveys. The development of general theories from findings is done transparently through working from findings to the theories showing how researchers have arrived at his/her interpretations.<sup>(75)</sup>

Qualitative research methods are said to be in liminal state. This is because; positivists, interpretative and postmodernists’ theories, methods and evaluation criteria do co-exist. This connotes that, there is no singular authoritative and agreed upon set of methods for conducting qualitative research.<sup>(69)</sup> Each position therefore, is obliged to clarify standards and programs that organize its practice. Moreover, this is also to say qualitative researchers should not assume much that, all other qualitative researchers would understand the particular theory and research method in their project.

In human sphere, the chosen design were translated into gathering deep information and perceptions through inductive qualitative methods such as; non-participatory observation, textual document analysis, Interviews (FGDs and focused interviews) etc. As such, this study employed the use of interviews and non-participatory observation, in addition to use of memos as described in details in following sections below.

### **3.3 Ethical issues consideration**

Conducting research with humans raises numerous ethical issues that require careful consideration. Forming and implementing ethical strategies can be considered an art, as sciences and figures and as much as in personally sensitive research of any kind. Ethical issues in this study therefore, covered individual informed consenting and the assured confidentiality. This is because, the basic research ethical underpinnings are reflected on

individuals' autonomy, principles of justice and non-malevolence that should be adhered to, to build feelings of easiness from both informants' and researchers' points of references. As such, study informants, entailed informed and independent written consents forms.

Furthermore, ethical issues are about the *safety* and *risks* assessment, which tend to be kept silent within social science domain <sup>(69)</sup> Safety issues attract attention from unintentional potential danger that might result from lack of understanding of a particular culture, language, or inability to reflect on participants' values and beliefs. Risk issues on the other hand, come out of challenges some study participants might face (on the process) in an effort to deal with consequences of our research actions and with disclosure and publication of the study results. Both issues have been reflected attentively throughout the research process and dealt with accordingly, keeping vows on the principles of qualitative research on human subjects maximally implemented.

In this case, participants were informed that, their participation was voluntary and they could withdraw from the study at any moment they wished. Notwithstanding, the participants were identified by their real names from their consent forms; confidentiality and anonymity were assured all the way during data generation to management through assigning the participants the special identification codes. The codes are the ones, which were constantly referred to, from transcription, translation, storage, explication process, results presentation, and finally to the discussion made out of study results and other background information. In this case, the names in the consent forms were achieved only for the genuineness or consummation purpose of the obtained informants' assents.

This study was an internal to existed K-CHDP operating under relevant Tanzanian and Norwegian ethical committees' ethical-clearances. The copy of the relevant official permission for the evaluated project from, Tanzania Medical Research coordinating committee (MRCC), working under Ministry of Health is appended. However, the researcher in this study underwent procedural ethical clearance from the government of Norway, which passed the proposition for fieldwork. The ethical clearance letter from Norwegian relevant authority granted to process the application is as well attached at the end of document. Besides the entire two ethical clearance letters I had already obtained, it was binding to get supportive letter from the PI of the evaluated program, which is also attached with this document.



### 3.4 Entry into the field

Proceedings to enter the field for this study started immediately after the methodological considerations for the study were cleared up from the Faculty of Medicine, Department of General Practice, and Community Medicine of the University of Oslo in Norway (investigator's host institution). This procedure included submission of the fully filled-in ethical clearance form to the special research ethical committee at the institute, who had to evaluate if the study met the ethical criteria for human research.

Moreover, other procedures to enter the community were binding and followed regardless of the fact that, the program was already in the community. This was necessary because, the implementation phase for the program had reached its end before this study was conducted (does not mean the program has ended). Such procedures included the provision of information letter to the District Medical Officer (DMO) in-charge of the community, informing him of what was about to happen in the community as far as the ongoing program was concerning. A similar procedure was binding to the District Education Office (DEO), in-charge of all the primary schools in the area, through a special program's representative from the office. The latter therefore had to issue an information letter to schools' heads informing them about the research, their participation, and support.

Further, in the process to enter the community, we had to forward the information letters to the community leaders to set appointment for meetings with all other community leaders from their respective villages. The objectives for the mentioned meetings were to;

- i) Provide information to the community leaders about the upcoming activities in their administrative areas;
- ii) To oversee the possibilities of finding the potential informants for the study available from their original residential areas in the community; and
- iii) Fix visiting dates to visit the specific villages to meet with potential study informants, for possible consensus about their participation, and for ultimate appointments with those who agreed to participate in the study.

### 3.5 Sampling Strategies

The sampling frame was planned to include respondents from program participants who were the key figures in implementing the activities. The group included youth peer leaders for both school and out of school programs, school program teachers, and villages'

advisory boards' members. Moreover, one focus group discussion with ordinary youth (program beneficiaries) was conducted, antithesis of original plans, reflective of flexibility (procedural rigor) in the process.

Purposive, non-probabilistic sampling was applied to select the study participants. This strategy aimed at describing the phenomenological process rather than its distribution. This is to say; generalization is not all about distribution of experiences or processes; rather about the nature and interpretative processes involved on experiences. Conveniently, the readily available informants from the targeted groups were asked to participate in the study. Credibility in this case was maintained by the fact that, the anticipated informants (sampling frame) all qualified for recruitment and definitely provided an opportunity for analytical generalizability (research applicability) of the data collected and the analytical-outcome. However, the selection of study subjects from the village's program advisory boards took the principal of *maximum variation*, according to community subgroups represented in those boards.

Although we had pre-determined number of FGDs and focus interviews, the richness of the dimension of interest in this study, directed us to where and when we had to stop collecting more data. In this case, the sample size was large enough when we felt that it could have supported the desired analyses. Definitely, this was at redundancy state. The anticipated outcome of how the sampling was going to be effected originally, did not materialize as planned for various reasons such as;

- i) Unavailability of sufficient number of out of school youths peer leaders who could have participated in various focused group discussions as planned.
- ii) Lengthy school programs that could not support our research schedules, that needed teachers to get out of their teaching stations for focused group discussions. Under this category, some program teachers had already shifted from their previous working schools and we could not follow them up to their new locations, where mostly were completely out of the community. In this case, all the intended FGD with teachers were cancelled and individual interviews conducted instead.
- iii) The targeted in-school youth leaders had already graduated and left their schools by the time of this evaluational study.

The details of what was accomplished in relation to what was planned have been clarified in main section, 3.7.2, and to sub-section 3.7.2.2 of this chapter.

### **3.6 Participation in the study**

Inclusion criteria for this study materialize from our sampling frame above. All of the potential subjects above fulfilled the inclusion criteria either by being a village project advisory board member, youth peer-leader (peer educator) and/or schoolteachers trained to deliver a program for in-school program-component. The key-shared characteristic by these potential study informants was “*Program’s Key-role players*” in implementation. However, the number of those who were involved to such extent in the program implementation appeared too large to be included in this study. In this case, the principal investigator in this study purposively selected the appropriate participants through evaluating their previous involvement levels in the implementation activities. This is to say our main exclusion criterion was factor/ field-situational dependent.

### **3.7 Data collection**

Interviews were the main data collection strategy in this study. Both FGDs and individual interviews were used with different key informants. Both processes were tape-recorded for pragmatic reason of wanting to interact with informants in undistracted manner. Sooner, the tapes were listened to and notes made out of key words, phrases, and statements that allowed participants’ voices to speak. Wherever possible, immediate transcription was effected to avoid impacts of memory decay of the recorded information, and to allow the researchers to scrutinize the data for possible information gaps that had to be filled in the followed interviews with other similar respondents on the row.

#### **3.7.1 Triangulation of data collection methods**

While the focus group discussions were designed to gather views on related sets of issues in a non-threatening and permissive environment, the individual in-depth interviews provided the opportunity for the informants to render uncensored accounts of experiences upon the issues of concern.

Because participants from focus group discussion interviews tend to follow the trend of discussion that might be influencing their experiences; other methods like in-depth interviews, memoing and document reviews were deemed important for data verification. The four types of data collection methods used in this study therefore aimed to complement

each other. The individual details of this discussion follow below under the respective sections.

#### **3.7.1.1 The focus group discussions**

Historically, FGDs have been useful in exploratory studies in health issues, testing ideas and acceptances of new programs, solving specific program's problems and evaluating programs.<sup>(77)</sup> Our choice of FGD in this case, with adolescents, relied on its ability to capture the dynamics of the group interaction, investigate people's experiences of using different phenomena e.g. health services and exploit these in an attempt to understand the topic rather than responding to one-to-one interviewer's questions.<sup>(78)</sup> Moreover, this method describes and helps understand perceptions, interpretations, and beliefs of a select population to gain an understanding of a phenomenon from group's perspective. Chosen for its' historical background in social sciences back in 1926 <sup>(69)</sup>, its' usefulness in exploring knowledge and experiences, suited the purpose and fulfilled the objectives of this study.

#### **3.7.1.2 Individual/focused interviews**

Being full of privileges and deeply rewarding method, the method has been able to endeavor, through draining on an interpretative theoretical framework, which emphasizes the meanings constructed and reconstructed continuously. However, this description is much more worthier if the respondents aren't considered repositories of knowledge or information treasures awaiting excavations; rather constructs of knowledge in collaborating with interviewers (researchers) <sup>(79)</sup>

#### **3.7.1.3 Memoing**

Memoing, a strategy helpful for recording ideas, cues, and observations generated during research process, had been of invaluable contribution to this study as it provided data necessary to complement all other methods used during the process. In researcher's field notes, they record what they see, hear, experience, and/or think in the data collection and reflection process.

Memos in this process were dated for easy correlation with other data collected on the day from different places in the field. In this case, field notes were considered secondary data storage method in this qualitative study. Since data collection and analysis has been a simultaneous process in this research, memos also took over the researchers' preliminary

hypotheses and methodological considerations during the process. Memoing was therefore, already a step forward towards data explicitation. In this case, memos were categorized into four, the procedure that allowed later easy retrieval from the indexed computer system as follows:

***Observational memos-*** Notes on what happened, deemed important enough for the study

***Theoretical Memos*** -Notes that attempted to derive meanings as the researcher continuously thought and reflected on experiences emerged;

***Methodological Memos-*** These were the reminders, instructions, or critiques to one-self on the process

***Analytical Memos*** - These were the day-end fieldwork summary or progress reviews

An account for the constantly changing condition of the study situation was taken into consideration as a cornerstone for the study consistency. Analysis of the negative cases was employed to capture for the true value of the study (trustworthiness). The field data collection guides for the chosen methods over different groups of informants are attached at the end of the thesis (*see appendices*). The local (National) language, Kiswahili, was used for data collection. Thereafter, these data were translated from sets of transcripts stored in the computer system, before computer aided explicitation process could began.

#### **3.7.1.4 Program documentations reviews**

The observed fieldwork materials, and interviews for this study were supplemented by analysis of documentary materials generated by program such as; correspondences, quota reports, memoranda, routine records on program functioning and implementation process feedback from the community. These materials had proved useful source of information on program's activities, and processes through generating ideas and questions that could not be pursued through observations and/or interviewing. This was because; some events took place before the evaluation began and/or reflected the plans that could not be realized in actual program performances in the community.

This method was binding in this study for possible study results authentication and avoidance of the possible memory decay and/or distortion to which the observation and interviews are subjected. These documents proved important from the fact that, they are as such usually generated contemporaneously with events referred to them. However, a

necessary caution was also taken in reviewing these sources of information to avoid the possible selective depositions and/or survival biases for the required program information.

### **3.7.2 Research tools and their operationalization**

#### **3.7.2.1 Interview Guides**

Separate interview guides were used with separate informants in this study; depending on the purpose and the functionalities of the informants in the program under evaluation. Piloting of these research tools was not practical because of the reality from, which the researched phenomena was very specific to certain area and to the respective individuals, which would have been difficult to be understood by other people, different from those who are targeted. This means, we could not find similar locality with potentially similar informants on whom we could have tested the instruments. Moreover, the community served as its own control in an original program design.

The interview guides were semi-structured in nature; nevertheless, with open-ended questions that allowed researchers to acquire the information of interest and at the same time, provided the informants with opportunities to expand their experiences. This opportunity that, mostly resulted into introduction of new phenomena that widened the scope of this study, arose from numerous probings of the informants with specific questions that also enabled informants to expatiate on their experiences however, without significant discrepancy from the study's broad objective. The process continued until the information started repeating itself (saturation point), an indication to end the interview however, with informants' approval and not through interruption. Generally, in broad sense of this process evaluational research; the interview guides covered the following areas;

- i) Social and demographic information of the informants that were being filled in the same consent form that were handled over to individuals to read, understand and fill in the information for themselves, with few exceptions where informants did not know how to read and write. In the latter situation, the researchers asked all the information orally and filled in the form by himself/herself;
- ii) Initial reactions to the program from the implementers themselves and/or other partners from the wide community;
- iii) Perceived immediate program impacts to the program beneficiaries and/or other related partners;

- 
- iv) Perceived implementation status; whether the informants thought that the program have been delivered according to plans or not, any deviations, etc;
  - v) The possible factors that in one way or more might have influenced the implementation process in either positive or negative way;
  - vi) The guides objected also to enquire on participants' empirical suggestions of the informants for possible effective featured program delivery.
  - vii) Lastly, social-economical and/or environmental issues embedded into the community as part of traditions, customs, culture and/or other propensities that might be negatively influencing youths' sexual-reproductive health and behaviors, contrary to the program objectives;

### 3.7.2.2 Interviews and field situation

Individual interviews were held with all the *school program instructors*, who were present at the same duty station during programme implementation, and had agreed to participate in the study. This group of informants contributed to six interviews. This number however, appeared less from planned because; we could not get enough of informants from the reasons that were beyond our control. As such, some of the program teachers were already transferred out of their previous (during program implementation) duty stations. Moreover, from school component of this program, five *school principals (head teachers)* were interviewed on the issues pertaining to their positions and general program implementation that took place in their respective schools.

Three other individual interviews were conducted with *youth peer-educators*. This set of interview was not planned; except that it arose, as the situation deemed necessary, after failure of other potential informants in this category to turn up for pre-planned group discussion. Only the three youths, (individually interviewed) turned up and the situation was not convincing us to reschedule for possible follow up of the youths who could not turn up for the interview. This was because, we were told that most youths of whom we had planned to meet had gone out of their villages and there were no possibility that they could have returned to the villages anytime during the period of fieldwork. Other nineteen individual interviews were conducted with parents (VAB Category). The distributions of these interviews from participants in this set were as follows;

- 
- i) *Five-villages'* government leaders who existed in power during the implementation period;
  - ii) *Three-* interviews with various denominational leaders;
  - iii) *Two-*interviews with informal health care providers;
  - iv) *One-*interview with formal health- care provider;
  - v) *Three-*interviews with ordinary parents, and;
  - vi) *Five-*interviews were conducted with various parents who had locally presented different social organizations from their respective community localities into the program advisory committees.

Only one among the pre-planned four FGDs with youths peer educators materialized. This was because, the targeted individual potential informants could not be found from their villages for various differed reasons. Under such situation, the investigator for this study took a decision to conduct two unplanned focus group discussions with ordinary youths of different sexes in order to expand the horizon of experiences about the program's implementation from youths' category of informants. However, again only one focus group discussion was conducted with male group after adolescent girls went elusive, not enough for focus group discussion, after two trials from two different villages. All the interviews took place at different localities deemed quiet, safe, and comfortable for both the interviewers and the informants. These included, mostly under the trees near the informants' residential areas and in offices where possible/accessible. On average, the interviews lasted for at least thirty minutes.

### 3.7.3 Socio-demographic characteristics of the study respondents

Focus group discussions were conducted with out of school youths in two categories as said above. The tables (I) and (II) below, represents the socio-demographic profile of ordinary youths as participant of one focus group discussion and youths peer educators as participants of the second focus group discussion respectively.

RESPONDENTS' ID		AGE AT INTERVIEW (YRS)	RESIDENTIAL SUBURB	ETHNICITY
1.OSL-15A	R1	18	Chekereni	Pare
2.OSL15B	R2	22	Kilototoni	Taita
3.OSL-15C	R3	18	Ghona	Pare



4.OSL-15D	R4	18	Ghona	Pare
5.OSL-15E	R5	23	Darajani	Kahe
6. OSL-5F	R6	20	Ghona	Pare
7.OSL15G	R7	18	Darajani	Pare

**Table II;** *Summary of the socio-demographic characteristics of the participants of the focus group discussion from out of school program component, - “Ordinary male Youths’ group from Ghona Village” in ward I*

The focus group discussion with youths peer educators was composed of participants of both sexes (females and males), and who also came from various villages in the community as indicated in the table below.

RESIDENTIAL VILLAGE	PARTICIPANTID.		ETHNICITY	SEX	AGE AT INTERVIEW( YRS)
KISANGESAN GENI	1.OSL-25A	R1	Chagga	**M	24
MWANGARIA	1.OSL-25F	R6	Kahe	M	21
ORIA	1.OSL-25C	R3	Chagga	M	20
RAURIVER	1.OSL-25G	R7	Pare	**F	21
	2.OSL-25D	R4	Kahe	M	24
NGASINYI	1.OSL-25B	R2	Kahe	M	23
	2.OSL-25E	R5	Pare	F	24

**NB:** \*\*M= Males, \*\*F= Females

**Table III;** *Summary of the Socio-Demographic Characteristics of the Participants from Out of School Program Component, – “Mixed (by sex) group of youth peer-educators” from villages in ward II*

Table three below, indicate, socio-demographic profiles of the schoolteachers (participant categories), who participated in the study through individual interviews. Schools are coded with numbers in the first column followed by individual informants' identification codes in the second column. Other characteristics read as they appear in the table, followed by translation of used acronyms below the table.

		PARTICIPANT'S CATEGORIES				
SCHOOL ID	PARTICIPANT ID	*PT	*SADM	*SADM-PT	AGE(YRS)	SEX
1	1.SKL-01	✓			49	*M
	2.SKL-02		✓		46	M
2	1.SKL-03	✓			39	M
3	1.SKL-04			✓	46	M
	2.SKL-05	✓			54	M
4	1.SKL-06		✓		49	*F
	2.SKL-07	✓			46	M
5	1.SKL-08	✓			42	M
6	1.SKL-09		✓		45	M
7	1.SKL-10		✓		44	M
	2.SKL-11	✓			37	F

**NB:** \*PT=Program Teacher; SADM-PT =Both Program Teacher and an Administrator)  
 \*SADM=School Administrator;

**Table IV;** Summary of the Social-Demographic Characteristics of the Participants from School Program Component

The fourth category of respondents in this study was the parents of different groups who represented various social organizations in their respective VABs all over the community. The represented social organizations in these VABs are clearly indicated in the participants' category column, and illuminate the coalitions created by the program in the community. The first collapsed column of the table, groups the participants' villages from their two respective Wards.

	VILLAGE	PARTICIPANT ID	PARTICIPANTS CATEGORIES	AGE( YRS)	SEX
WARD I	GHONA	1.OSL-02	Denominational Leader (Muslim Community)	26	*M
		2.OSL-03	Denominational Leader (Christians Community)	42	M
		3.OSL-01	Village Government Secretary General	57	M
	KOCHAKIND O	1.OSL-05	Village Government Secretary General	34	M
		2.OSL-06	Denomination Leader (Christian Community)	47	M
	KYOMU	1.OSL-08	Village Government Secretary General	41	M
		2.OSL-09	Parents Representative	59	M
		3.OSL-07	Formal Health Care Worker(Clinical Officer)	54	M
	KITERINI	1.OSL-10	Local NGO Representative (KIWAKUKKI)	48	*F
		2.OSL-11	Local NGO Representative (UMATI	26	F

		3.OSL-12	Parents Representative	44	F
	SOKO	1.OSL-16	Village government Secretary General	56	M
		2.OSL-18	Local NGO Representative(KIWAKUKKI	48	M
		3.OSL-17	Local NGO Representative	30	F
WARD II	ORIA	1.OSL-22	Village Government Secretary General	49	M
		2.OSL-24	Traditional Birth Attendant	50	F
	MWANGARIA	1.OSL-20	Local NGO Representative (RED CROSS)	53	M
		2.OSL-19	Traditional Birth Attendant	64	F
	NGASINYI	1.OSL-21	Parents Representative	59	F

**Table V;** Summary of the social-demographic characteristics of the participants from out of school program component-“parents” (village project advisory board members)

### 3.8 Data explication procedures

#### 3.8.1 Data handling strategies

Data handling is an essential component of data collection and explication to ensure the security and validity of the study results. The tape-recorded interviews were transcribed using specific protocol, such as location from where data collection took place, type of data collection event etc. The back-up tapes were stored in separate cabins from the originals for safety. Field notes were also typed according to their categories and related expansions and kept in separate logged computer files. Each transcript/set of notes was assigned a standard header to indicate archival number, site acronym, data collectors’ name, date of data collection, data collection method, transcriber’s name, translator’s name, typist and date of computer entry.

#### 3.8.2 Explication process

Phenomenologists tend to dispel from the word “*data analysis*” the term, which to them might be reflecting dangerous connotation of losing the whole “meaning of the phenomena”, hence forth referred to as; *investigation of constituents of the phenomenon*

*while keeping its context of the wholeness.* Due to this, I would also prefer the use of the word “*explicitation*” instead in this section. Data explicitation under the design of this study involved five stages of;

#### **3.8.2.1 Bracketing and reduction**

This first step involved reduction of information to pure objectivity without regarding a position either against or for the researcher’s own presuppositions. This was done through repeated orienting-self with the interviewee’s words; to develop holistic sense, and to develop the here and now dimensions of those personal experiences that provided the researched phenomenon an existential immediacy.

#### **3.8.2.2 Delineating units of meanings**

This was an intuitive understanding of raw data. Statements illuminating researched phenomena were extracted, eliminating redundant units. This was done through considering literal content or the number of times a meaning was mentioned, non-verbal, or Para-lingual cue(s) was illuminated. Computer assisted qualitative data analytical software (CAQDAS) package; as such, OPEN-CODE provided an invaluable support in this process. However, final conceptualization from data chunks remained the sole responsibility of the researcher in the explicitation process.

#### **3.8.2.3 Constituent profile formation**

Researcher bracketed his presuppositions to remain true and objective to the phenomena, with non-redundant units on hand. This was a creative insight stage, where more judgments and skills were used to form cluster of themes through grouping units of meanings together. The units of significance (topics) were then identified here.

#### **3.8.2.4 Thematic indexing**

This was a stage of summarizing, validating, and modifications. The study aims to reconstruct the inner-world experiences of the study informants through their own ways of experiencing temporality, spatiality, and materiality. Performing of validity check through returning to informants (recorded interviews) to determine if the essence of the interviews has been captured correctly therefore, was as important as creating summary that incorporated all the themes elicited from data to result the holistic content.

#### **3.8.2.5 Extended descriptions**

After stages 1-4 above, for all the interviews portions, looking for common themes to most or all interviews (individually/grouped) variations followed; taking precautions not to cluster the common themes with possible minor differences that could have brought counter points regarding the phenomenon being researched. The explication process ended with writing a composite summary to reflect the horizon from which themes emerged (thematic guide). This process was followed by transforming participants' experiences into ones appropriate to the scientific discourses, supporting research, and theories. This was an idealizing process revealing itself in the results and discussion section. Office feedback-documents as mentioned before were also reviewed to complement the final conceptualization of the outcome of this study. This was binding, as it proved difficult to find every detailed account of the project from the local community informants. This was so either because of the program structure and organizational functionalities or because the community could not be the source for such information. The document judged worthy enough for the study, were incorporated into the explication process, most of which however ended up being used in other parts of this study and not as mere researched experiences.

### **3.8.3 Data authentication**

Findings verification is approached differently in qualitative studies compared to studies in positivist research tradition. This however, does not lessen the need to prove that findings in either study are accurate and valid. This is because, although reality is dynamic, without scientific rigor, research is worthless, might render itself factious and without utility. This attracts for a great deal of attention for all research methods. In qualitative research, both issues are dealt with constructively (during the process) and during post hoc evaluation.

#### **3.8.3.1 Dependability**

Qualitative methods usually research a question(s) through several methods. It is also not unusual to employ a combination of documentary analysis, together with non-participants observation and/or interviews etc. This might be due to having different research angles and a need therefore to corroborate an account with other data sources. This procedure has been judged invaluable for this study to obtain its maximal reliability. Moreover, the researcher as it were, was part of the data generation process; parents and adolescents were equally interviewed on relatively similar thematic bases. This approach, afforded the study an aspect of data sources triangulation<sup>(70)</sup>

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### **3.8.3.2 Research credibility and transferability**

Both internal and external validities (from rationalistic paradigm point of view) in this study were ensured through showing research subjects the excerpts of interpretations of their responses to get approval of correctness of researcher's interpretation of the phenomena. Peer-debriefing, referential materials adequacy and creation of extensive worthy field notes, proved invaluable necessary in this validation process. Nevertheless, inherit to this process; individuals who would want to apply the results to different context are bound to integrate how sensible it is, because in qualitative paradigm, one reality has never been measured twice.

### **3.8.3.3 Language difficulties**

While the field guides were primarily in English language, they had to be translated into Kiswahili (the language used for interviewing). Nevertheless, the task of translation had been challenging bidirectional, as it appeared that some English words could not be matched with appropriate Kiswahili words. Similarly, with translating the transcribes from Kiswahili back to English, some words proved to have double and sometimes, triple-meanings despite all the efforts made to have requested the respondents for clarification of most ambiguous words that emerged during interviews.

## Chapter 4

### 4. Results

#### Chapter organization

In this section, results are presented according to the categories and subcategories developed during explication process, which has been clarified in detail in its' respective section under methodology chapter. Themes and sub-themes presented here reflect varying exemplars of the researched phenomena in this study.

Phenomenologically, the results are presented in forms of short discussions from researcher's points of views and validated by respondent quotes next (*italic quotes*). These are the individual experiences of the informants from two main evaluated program's components (in school followed by out of school program components). The experiences are kept fresh as they were translated from recording instruments used during interviews, to preserve the discourse value (wholeness) of the phenomena. Again, the respondents from "*In-school program*" mainly consisted of program teachers. However, few school heads were also interviewed. The "*out-of-school program*" respondents consisted of youths and parents (in varying categories). Parents fall from VABs, (a subset in the out of school main component). The informants from this category were the project advisory committees' members from various villages in where the program has been operating. Moreover, youths who participated in the study were of two different categories whose experiences are however, combined, and only differentiated by individual codes of who gave the particular presented experiences.



## 4.1 Individual interviews from in-school program implementers

The objectives of this study, to this group of participants were to explore their experiences upon how they could have described the implementation process in their own world. Moreover, the study wanted to explore the experienced exposures of the study participants (school adolescent peer educators, program teachers, and school administrators) to the program. Adolescents and teachers in this category were the main implementers of this program in the schools environments. However, as clarified previously from the introductory chapter of this document, school adolescents did not individually, participate in the study. In this case, we only had experiences of these young adults reported by their teachers.

### 4.1.1 Initial reactions to the program

#### 4.1.1.1 Other adolescents too-young

Other students being young for the program content and the similar concept below emerged from an interview with school administrator who narrated to us that other students are thought to be morally behaving among the big group of adolescent and therefore, their perceived moral-virginity needed protection from exposure to the program-instructions that were felt to be more overt.

*In fact; in the beginning there were bad feelings that this afya kwa Vijana were changing the behaviors of those youth..(pause....), because you know if you have ten children, among whom five might be behaving badly, and the remaining might be behaving normally. When this program came into place, all the children were drawn to the same point of view, after they had learned that the program was targeting them together as a team. Therefore; according to their perceptions, they thought that Afya Kwa Vijana were ruining the behaviours” (SADM, SKL-09)*

#### 4.1.1.2 Teaching sexuality could lead to practice

Some informants clearly link knowledge to practice. As such, other parties thought for example that, teaching issues of condoms through demonstrating was inappropriate and was feared could lead students practicing sex than ever before.

*Some teachers also thought that we are teaching inappropriate things. Not only teachers, even other people felt that, teaching a student that condom is used this way or it helps you this way and it does not help you this way etc; is like you are telling them to practice” (PT, SKL-11)*

Linkage of knowledge to practice took different view, and this time it is clearly indicative of parenting roles these teachers exhibit towards students’ sexuality. This female school

administrator felt that teaching aids that represented reproductive organs of human body could impart high states of curiosity to students. Looking at this fact critically, it might relate to secrecy that surrounds the whole issues of sexuality in this society.

#### **4.1.1.3 School female staffs against existed openness on sexuality**

Demonstrating the mother role in African society where women spend most of their time with children than fathers, female school staffs were also reported to have taken leading roles towards adolescents' sexuality protection through child rearing cogent force they posses.

*Yeah; it is true, especially women did not like very much seeing some of the materials-aids in the implementation for example the penile model. They had difficult times even holding them because we were not hiding them, we were keeping them in the staff room besides our benches" (PT, SKL-08)*

Similarly, to the above phenomenon, another female school principal clearly showed her concern over the said openness. Her fear is that, it could lead to high level of adolescents' curiosity (seeking of knowledge), that still addresses the point of secrecy. Further, the fear is surrounded by the fact that parents do not want to know that their adolescents understand their own bodies, clearly indicative of lingering disgrace and embracement in communicating sexuality issues in this society.

*Some teaching materials resembling some parts of human body, used in teaching those students; students were like..(Pause)..., first; it imparts into him high level of curiosity, secondly;. I discovered that some teachers were saying aaaahhhh! (Exclamation mark showing disagreement with something) trying to oppose what the afya kwa Vijana (program) teachers were doing" (SADM, SKL-06)*

#### **4.1.1.4 Elderly and conservativeness against change**

One of the informants had reported occasions where insignificant percentage (according to this informant) of parents, mainly elders had distant opposing feelings over the program implementation. Starting his comments through questioning the interviewer, he said,

*"...do you know that such elders also have small children schooling here?... (Astonishment looks). Continuing further, ideas pinpointed the elders as main opposers and probably difficult to understand issues as far as this school teacher was concerned and therefore thought that, such elders could also impose such negative attitudes over their own adolescents.*

*Such people exist but in insignificant percentage; For example I heard one student telling others that his father has forbidden him to attend into Afya kwa Vijana classes, he is a son of an old man whom I used to know even before I came to this school” (PT, SKL-01)*

#### **4.1.1.5 Perceived defective communication on sexuality issues**

Closely related to the phenomenon above, same informant narrated a story of a male student adolescent who was forbidden by his father to attend the program-instructions. When probed, his teacher revealed that there were no effective communication between the son and his father. Conclusively about this issue, besides perceived conservativeness, problems in communicating sexuality issues between parents and their adolescents were also evident.

*I asked him (son) what he had told his father when he asked him what was being taught in afya Kwa Vijana program, and if he happened to show the father his afya Kwa Vijana exercise book. The son replied that he could not show his father that exercise book. Here I was forced to go and talk to that parent, explain everything including the objective of the program. He finally well appreciated, telling how young people (all others below his age) told him completely different things. He was told that the program was teaching how to use condoms and other things he could not remember” (PT, SKL-01)*

Parents are probably aware of their adolescents’ sexuality states but would never admit it straight. Showing their concerns and that they care about the safety of their adolescents, their reactions at first point appear to be the worst of what they do not want these young adults to be doing. Under normal circumstance, the truth about what is going on in their teenagers’ lives could never be resolved from between the two parties (parents and adolescents) indicative of communication problems existing.

Such parents as the one reported below must have been informed what is going by her student daughter who probably wanted her mother to know what is going on for good intention. However, the mother could not take that opportunity to communicate and find out what her adolescent had yet to tell. She rushed to the school to find the truth/clarification from other adults.

*It is true; about this research; some parents once came here interested to know what were going on, perplexed that it might be their children are taught sex issues at young ages, something that might spoil further their behaviours. I told them that, it not true..., she was a mother of an adolescent girl from grade six” (SADM, SKL-10)*

#### **4.1.2 Perceived immediate program impacts**

##### **4.1.2.1 Students gained confidence and freedom of expression**

Different teachers interviewed had different experiences on impacts of this program over the targeted students. To their suppression, adolescents probably wondered how possibly and suddenly, teachers could communicate sexuality issues overtly to them, the situation that has for long been against tradition sort of.

*What I saw, was the fact that children gained confidence, because previously these things appeared strange to them but as we continued helping them and explaining things, I came to realize that everybody started to feel free to talk about their feelings” (SADM-PT, SKL-04)*

#### **4.1.2.2 Improved relationships between adolescents and their teachers**

As a result, of confidence and freedom having attained by students, the ordinary humane relationship between students and their teachers resumed its position. Such fruitful results have possibly been the joyful situation for these teachers, some of whom have been reported above, posing their fears on sexuality education.

*In addition to that, students are freer now than before; they do approach us very openly (without any frightfulness) after having learned the dangers. There are those who have built sort of "courage" to approach us openly for example, reporting having caught a friend with seductive letters aiming at initiating sexual relationships between the two involved” (SADM, SKL-06)*

#### **4.1.2.3 Improved students’ learning abilities**

This sequel of events did not end with only improved humane relationship. The latter could have resulted into students’ abilities to learn, the process relatively entirely dependent on class teaching in African poor countries’ primary schools. This academic impact however, was pronounced in science subjects from whose teachers compared some of the related topics to those of program- instructions.

*Some topics available from the program syllabus relates to those of science subject syllabuses, the reason why students have interests into the science subject. The program has helped us reducing to a greater percentage.... (Pause), I have not seen again the problems of "don't know students"<sup>9</sup>. Students know how to answer the questions; they face the challenges, as an impact from the program topic on; "how youths can face and interact with challenges/problems in their daily growth encounters"” (PT, SKL-07)*

Learning being a lengthy process involving different phases and step towards knowledge acquisition, revealed itself through improved students’ abilities to take actions on their own

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<sup>9</sup> Students whose readily responses, would be “I *don’t know*” when asked to explain an issue during learning.

(initiатiveness) and easily understood (understandabilities) through properly functioning humane relationship, foundation of confidences and freedom of expression achieved previously.

*After these issues were experienced so common in their minds, they discovered that, they program lessons gave them opportunities to sit together and talk about their problems. This also gave us (teachers) an opportunity to understand those children further because, after they managed to express themselves and become open in presenting their problems” (PT, SKL-08)*

The other informant said, “...even when I meet my students in their classes during normal lessons, the confidence they have now has made us understand each other easily and very quickly” (SADM-PT, SKL/04)

Indicative of the an ongoing learning process, motivated adolescents, already reported having abilities for self-creativity, naturally demonstrated their willingness, and need to learn every thing to their entirety, through their curiosity for knowledge.

*Secondly, after start delivering this program, youths were very interested into the subject (program). Again, in one way or the other, I had feelings that the program helped students because I could see their desire to know many things as we proceeded” (PT, SKL-11)*

#### **4.1.2.4 The program-graduates as role models**

This program teacher from one of the schools, who was fortunately a native of the same area, had explained his experiences in a broad sense about the impact of the program in a broad community as follows;

*There has been changes because, those children who graduated from the program has taken very important positions in educating the community. This is because, there are areas/issues which even the children themselves don't like; for example this "economy" you are talking about, other parents are selling local brews in their residential areas or in their own houses. I think other children do reach on decisions not to be involved in such issues.*

*Youths have changed; ... in the streets for those staying in their homes, you find them busy doing several activities and not just sitting somewhere without specific tasks to perform. Those who sit idle are very few,... those who you would find in such situations must be a youth out of this age we are dealing with now and he might be in a bad shape. Moreover, am getting some feedbacks from those areas stating that, "children of these days know everything; some people say..."and they know these things” (PT, SKL-07)*

The demonstrated behavioral role modeling by program adolescents were also perceived to have influenced the behaviors of other students from within the schools where the program were implemented, a process outcome perceived as forbearance among remaining other students.

*Those who will soon be graduating, for example the fifth graders stepping to sixth grade this year are very seemingly calm, they are not like their previous colleagues who had very unstable thoughts” (PT, SKL-07)*

The mentioned modeling tasks were also noticed to have created the relatively reliable sources of sexuality information among youth within the community. In the same way, such sources of sexuality information could be backing up the perceived endurance for similar information in remotely located rural communities.

*When this project came into place, we saw some changes in behaviors, for example in these areas we do not have televisions, which educates. We have media like radio broadcasts, but not many of these children listen to radios most of the times, may be about proper use of condoms. In that case, on coming of this program, already the concept of proper condom use is in use here” (SADM, SKL-09)*

#### **4.1.2.5 Perceived decreased amount of sexual contacts among school adolescents**

This is probably, an outcome of role modeling on discussion; students perceived to have changed behaviors towards sexual intercourse. Insisting to have known his adolescents’ behaviors for quite sometimes, he also had illuminated the fact that sexual intercourse had been an ordinary phenomenon in a community and probably few knew and/or even cared for unwanted outcomes.

*In this case, I see the successfulness of this program has been on decreasing the frequency of sexual contacts in my area especially amongst young people because I know them. It has been reduced because before, these young people thought of sex as an ordinary phenomenon, because they have been learning this from their elders around the village. However, after introducing this subject, they learned that incautious sex and/or...” (PT, SKL-05)*

#### **4.1.2.6 Need for program sustainability in schools**

Program stakeholders showed their probable fear that the overall influence of the program would not be noticeable because, the pull of school program graduates, supposedly, to act as role models in the community was not enough yet. As such, this informant urged for the program institututilization into the schools arenas, so that in school adolescents generations could have constant access to the content materials of the program.

*However, this thing needs to be strengthened and put it back in place as it started. This is because, those who got this education since we started the program, has gone and were replaced by others from lower classes. These new ones will not get the program because it has gone to rest. This means we benefited very few forgetting many that were coming behind them. In this case, we would have done nothing, it could have been better for the*

*program to be continuous/ sustainable because those who graduate from here are going to educate others outside the school environment” (PT, SKL-05)*

Eager to understand what this informant meant by program sustainability, I asked as to why this program could not be sustained because, already some correlation between the program contents and targeted grades’ science subject syllabuses had been experienced by other informants from other places.

*There are no many flaws with our syllabuses, except that the topics are just introduced; they should have elaborated widely as afya Kwa Vijana did... (Laughters from both of us)... and you know, that is very detailed” (SADM, SKL-02); the informant continued.*

Such experiences could are likely illuminating already observed deficiencies with the existing syllabuses, that has incorporated sexual and reproductive health education in varying levels in the country.

### **4.1.3 Perceived implementation status**

#### **4.1.3.1 Ineffective timetabling and time-limitations**

Giving his experience over program implementation, this informant observed that previously planned, “extracurricular program-delivery” proved problematic against the plans. Probably, through challenges brought about by similarly demanding school academic endeavors, program teachers, and other implementers could have experienced such difficulties.

*“Looking from when the program started until it ended, I think what was required to make it more successful, was all about the said timetabling. It could have been better; if possible, the program lessons could also get integrated into the main classes-academic timetable” (PT, SKL-01)*

Because of dysfunctional timetabling, the planned frequency of program-delivery as well appeared short for learning process according to this implementer’s experience. As such, they needed to add more time when such occasions were available by chance.

*Uhh, I see it that way because the planned time in which we used to teach in classes according to existed school timetable was so minimal in such a way we needed to add more to allow students get everything intended for them. This means getting the whole concept of afya Kwa Vijana program (subject) as it was being delivered” (SADM, SKL-02)*

#### **4.1.3.2 Short duration of program**

From program implementers’ experiences on the status of program implementation, one of the teachers had narrated clearly that, the goals were yet to be reached. Closely linked to

other phenomena already explained above such as; dysfunctional program delivery schedule that resulted into relatively few delivery frequencies coupled with naturally occurring opposing needs of other adolescents; the seemingly short program duration was likely to result. *“Somehow, we were almost reaching the goal, it is only because the program stopped; could it have continued, we would have met our objective...”* (PT, SKL-11)

Under such circumstances therefore, it was obvious that more time was needed for program implementation to reach its required reach out by these implementers.

*Therefore, would it be having more time for implementation, it could have brought fruitful results because from my previous experiences and even currently, students have been asking, “Why don't we have that program anymore”? This is evidence that people still need this program, because it had just reached a pleasurable stage, and then it got cut-off”* (SADM-PT, SKL-04)

Nevertheless, besides other related likely contributing phenomena towards observed ineffective timetabling and short program duration; this informant had illuminated other possible considerations for program delivery success. To him, patience could be a paying role.

*In this case I see that changes were at the door, and if we can make further efforts, all the objectives will be met because, the whole of this community including these youths will be changed slowly with time”* (PT, SKL-07)

Apart from the said patience that invites investing in time, one of the program teachers experienced a sluggish response (low understandabilities) for the program from his students, the fact that slowed the speed of the program delivery in the beginnings until later when students started understanding.

*May be if we reflect back (in the beginning), plans were not really taking the desired stance (s). This happened that way because first, some of the targeted students (sixth and seventh graders) were so reluctant, fearful of what would happen next and the end-result of what have been introduced to them. That caused the program to start in slow pace in the beginning, but as we went on just in the midst, students started to understand what was needed /going on after when we gained motivation to teach them to their appreciation”* (PT, SKL-01)

#### **4.1.3.3 Ongoing need for the program**

Possibly having originated from perceived short program duration or as an independent phenomenon, different study respondents reported varying situations reflective of an



ongoing need for the program in these social institutions. To others, they had to seek excuses from other teachers and students' enquires, as to why the program could not continue further.

*Not only students continued asking, but also some teachers, saying; "now what is next". I was just seeking excuses, sometimes spelling that it was the end of the program's first session and that it could have continued later on" (PT, SKL-08)*

Moreover, while adults (teachers and other parents) struggled over adolescents' sexuality decorum, youths' adventurous expedition over the program excelled positively as reported by one of the program teachers.

*In teaching the subject, students were very interested into the subject and were longing for the subject to continue, I mean, when the program stopped, they were not happy about that, they needed to continue" (PT, SKL-11)*

Finally, on this issue, another informant had his feelings aired on behalf of the general community. Shedding light on an experience, reflective of presence of varying groups of program adopters in school community, he urged the program planners to reconsider bringing it back to allow those laggish-ones to learn.

*In addition to that, I would like to say this project is still needed in these areas; intensive education is needed to enable even those who were lagging behind to get educated to their appreciations. Could those be allowed to understand things, they would do the same to others. In this case again, I think program would need to be prolonged little bit in these village areas" (SADM-PT, SKL-04)*

#### **4.1.4 Factors that influenced program implementation process**

##### **4.1.4.1 Working with community leaders**

Program advocacy into a broad community took its leading role from different parts of the social settings. Taken by surprise, one of the informants had narrated a scenario where, students from his school had been invited by the religious community to watch audiovisual programs on HIV/AIDS.

*Yeah; you are right, I was even surprised myself when they invited our students to show them such things! However, I think they do understand that the objective is to empower children to understand what might happen to them if they would perform certain actions and to enable them protect self from any problem that might come before them" (PT, SKL/03)*

#### **4.1.4.2 Schools as trustworthy social institutions**

“Seemingly doubtful, both from his observations and the response he gave”, when asked if other program stakeholders especially parents; could have visited the school program to comment on its contextual activities, the respondent had this to say;

*I would say, the chances that parents could have visited the school and gave some comments on this program were minimal because, people in these areas, “are mostly very primitive”. Others fear that school is a place for education and nothing else, therefore; anything going on there is also part of that education”* (PT, SKL/05)

Could it be the opposite, that community trustful heartedness over these social institutions limits people’s intentions to pose challenges over program being run by teachers and schools’ authorities? Such reproaching enquiry could be allayed by observations, such as from another study informant who clearly stated that, teachers appear to be the prominent professionals in some local communities. In such circumstances, schools’ trustworthy from such communities could be an obviously inevitable situation, because simply there are no reasons for people being doubtful over what is being done by such respected professionals.

*You managed to see that these environments are full of mosquitoes, the feelings that drove you to bring us mosquito nets, we thank you very much again for that because these environments are very difficult to live in and as you see there are no other professionals than these teachers you see here!”* (SADM, SKL/09)

#### **4.1.4.3 Existed correlation between program’s delivery guide and schools targeted grades’ science syllabuses**

The said correlation between the program guide and syllabuses of science subjects from the targeted grades, were experienced to have helped easing the teaching process of science subject lessons under normal circumstances.

*Nevertheless, in teaching the science subject and in collaborating with students; there were no problems because the program instructions well correlated with science available in schools at targeted graders”* (PT, SKL/07)

#### **4.1.4.4 Program-teachers residing out of intervention community**

Another factor that influenced the implementation of the program appeared to be the fact that some program teachers were staying out of the community where the program was being implemented. This appeared a challenge to implementers, because program implementation was scheduled to take place after normal school class lessons were over (evening break time); relatively the same time those staying outside the community would

have needed to leave schools. Moreover, the selection criteria for program teachers, clarified in previous parts of this document seemingly, limited the possibility to overcome such shortcomings

*Again, for us the time was so limited because basically, the allocated time for the program was only in the evening after class hours. Given the fact that some of us (teachers) reside far out of this place...(Pause) however, students responded positively...* (PT, SKL-01).

#### **4.1.4.5 Community's incapacity to provide school lunches in full range**

Program had been advocating for school lunches allover the community. However, neither related to lacking know how nor why, rather to incapacity-to-provide related reasons that contributed to the continued situation according to study respondents interviewed at different times and from different community locations. *"We are going to have one meeting with parents, because school has run shortage of food. Students have been missing their lunches for quite some time now"* (PT, SKL-03)

Narrating the possible impact of such incapacities to students' learning abilities, one of the respondents said;

*You know students here are not regularly getting their lunch at school; it is only in approximately two months in a year they get food. This jeopardized our plans as the time planned to deliver the program was in the evening (after normal class hours) when most students are exhausted with hunger (physical and mental exhaustion). Under situation like this, the students' attention to what is being taught (at that particular time) is minimal; so it could have been better to deliver this...* (PT, SKL-01)

#### **4.1.4.6 Interactions between schools' society and the general community**

Reflecting the phenomenon that schools are not the isolated entities in the communities in which they are located; this teacher explained situations where the in-school program happened to be influenced by out of school program and generally in a way by the situation in general community as narrated in his second related quotation below.

*The out of school youths started receiving the program two months later after we had started, so they were demoralizing students, telling them that what they are being taught was not actually meant for them because, they were still very young for example to be taught issues of condom".* (PT, SKL-01)

However, further from his observations, this informant provided a conclusion enlighting different phenomenon of "intergenerational sex in the community".

*Even though, youths in this area know that primary school aged youth especially girls, have sex with adults in the village. In this case, they were trying to create a profile to render them easy preys. That is how we interpreted the scenario” (PT, SKL-01)*

Adolescents from this community has been reported to endure through tempting environment in where mostly, many had to look for alternative ways for their needs, because parents can no longer provide to their satisfactions. *“This exists; first is poverty which is forcing adolescents to look for money through any means, because parents can no longer provide for their needs” (PT, SKL-08)*

Closely linked to concept of poverty above, there is very little to care about what should be done to get ends met. Moreover, the informant relates an issue to low risk perception supposedly resulted from the lingering illiteracy.

*The whole issues of what dangers exist have not come into people’s attention in this community. You find that a child attends school as usual on a day, but back home in the evening; a parent may be from not knowing what dangers are associated with...(pause), or influenced with life difficulties; they earn through selling local brew in their homes” (SADM, SKL-06)*

Under similar circumstances, school adolescents are forcing themselves to work for payments or even getting into other rather dangerous endeavors as per this informant’s experience.

*Children are involving themselves into sex business. In this case, even if we try to instruct them in a specific way, they are naturally forced to do their own ways for survival. This could be contributing to children, especially girls abandoning schools for marriages” (PT, SKL-08)*

Giving his conclusion on impact of students involving themselves into such activities, one of the study respondents had cried out for the situation, which according to him, has been distorting the worthiness of the good instructions they provide to their students.

*Okay, in fact, this community is poor, their productivity is minimal, and their earnings are very little. This can lead to children’s failure to adhere to what this program instructs them” (SADM, SKL-10)*

#### **4.1.4.7 Influences from poorly staffed rural community schools**

Some of the schools in this rural community appeared to be poorly staffed even to manage the ordinary school schedules. This scenario had an impact on this program implementation as revealed by this teacher.

*Yes, it was bad timing for us, because even though we were very few (teachers) despite of the fact that this school had not been divided into two schools like now. We were only four teachers in total for the whole school; situation under which taking two teachers away again was an overwhelming imbalance because we were already overloaded” (PT, SKL-03)*

The impacts of schools being understaffed arouse to be a dilemmatic intersection as, it appeared to be a struggle between the program implementation, and other school scheduled teaching and/or other activities. *“At the same time, I was required also to fulfill my daily teaching schedules to avoid letting down any other side...” (PT, SKL-05)*

#### **4.1.4.8 Program delivery lacked priority**

Seeking the possible reasons for the observed drawback to successful program implementation, one of the school principals interviewed on this issue, admitted somehow to have denied the program an opportunity for proper implementation, due to the existed situation during program intervention.

*The year 2003 onwards had been very competitive periods; we therefore have been directing much of our efforts to the potential graduates (seventh graders) each year through keeping them busy academically all times, especially in the morning and evenings. In this case, we denied the students the right to get afya Kwa Vijana instructions” (SADM, SKL-09)*

Moreover, other program teachers also experienced program being restrained by some school administrators. For instance in the beginning of the program for unknown reasons and later on noticed a change of habit after the program officials had moved to solve such outburst engrossing interests.

*You know that in these schools we have other colleagues like teachers and head teachers. They are very important people because for example, if a head teacher decides not to allow you doing something, he will do that no matter what/how you are going to react, provided he/she is your leader and you are under his influences. However, generally, I felt the presence of collaboration, especially after the project had enlightened them” (PT, SKL/07)*

#### **4.1.4.9 Some program implementers’ obedience to their consciences**

This appeared to be an isolated scenario where, one of the program teachers had admitted not to have delivered some learning materials aids to students, because other people surrounded him and probably himself too (he did not admit that) thought that, the some of the learning materials-aids were too detailed for students.

*In this case, I see that materials-aids also were.(pause)....., even though, there were some booklets available, but frankly speaking we (program teachers) were using them more than students because the community (other teachers around us) thought that the booklets were too detailed, meaning that the booklets were explaining things in more open way(s)” (PT, SKL/07)*

Although was not admitted by either of the program teachers or any others interviewed, the lacking “motivational component” from inside some of the program teachers according as one informant experienced it; was associated with the failure to balance the situation in which sometimes program delivery went unattended.

*Teachers, whom you sent for the seminars, were the main decision makers. These teachers had some issues...(Laughed)...., you know everybody is ready according to how they are. The ability of somebody to volunteer would depend either on whether he would prioritize for the payment or not. In that case, they thought that, they were paid very little. ...Nevertheless, if the afya Kwa Vijana teachers had been motivated, we could have balanced the situation...” (SADM, SKL/09)*

#### **4.1.5 Empirical suggestions for improved in-school program delivery**

##### **4.1.5.1 Reviewing of program delivery timetabling and related schedules**

This section is composed more of summary from previous sections of this part of the chapter. Although already observed the well promising “immediate program impacts on targeted students”, when probed if other students from his school did happen to have opportunities to learn from the targeted in-school youths as part of their modeling roles as well as other program activities as discussed earlier; this informant had experienced differently.

*That didn't happen because most of the times when we were having afya kwa Vijana sessions, the lower graders were absent; may be if they had got something, it could have been as a result of leakage of secret from the beneficiaries, the fact which we couldn't unfold” (PT, SKL-01)*

The program implementers emphasized on timetabling issues for successful program delivery. However, this one thought that could it be possible, the instructions should be

integrated into the school timetable also already suggested as one of the strategies towards program institutalization

*To make it more successful is all about the said timetabling. It would have been better, if possible the program lessons also be integrated into the main (classes-academic) timetable” PT, SKL-01*

#### **4.1.5.2 Widening schools’ program coverage**

Although the interviewed staff and program implementers had ideas that, the program was research oriented, they still wanted it to extend its’ researching zone to includes lower primary school grades. This is all about “program coverage-horizon”, which came into implementers’ minds because other students have been noticed asking why were they being segregated from receiving the program-instructions.

*You know, separating the sixth and seventh graders..(Pause).. Anyway, you will do that and teach them separately, but other students will keep on asking questions; why are we segregated? Even though they might know that age matters in this selection, but they were very hurt” (PT, SKL-01)*

In an effort to defend his wishes, one of the school principals admitted the existence of early sexual debut among adolescents and suggested that possibly, programs like this would need to look for possibilities to involve all other students from primary schools, according to their abilities to understand these issues.

*This is because, we came to realize that, students from grades three, and four have started having sex. In this case, it is better also to involve them according to their levels of understanding in order for them to start learning how to behave acceptably when they are young instead of waiting to start giving attention to them when they are more mature in higher grades, when the task might not be easy” (SADM, SKL-10)*

#### **4.1.5.3 Improvement of learning/teaching materials-aids and/or scope**

Learning institutions from developing countries especially from lower levels operate under poor conditions, as such; AKV program could limit itself to equivalent conditions in where preferably the program would be sustained. However, the local needs could not consider such possibilities and revealed the need for practical learning which, included need for audiovisuals aided learning.

*The deficiencies occurred because as you know theoretical instructions do not suffice; but if combined with practical learning, it helps. In situations where we needed vivid things like pictures, audio-visual learning etc, to enable children's direct and concise learning; because that way, they could have learned holistically; we could not get those things” (PT, SKL-07)*

Despite of the need for more learning materials-aids emerged; tracing back to linkage of knowledge of sexuality to practice of sex, the potentially outgoing graduates (seventh graders) from primary schools appeared the preference group of adolescents who other parties (than program teachers), thought should be exposed to perceived detailed program instructions.

*In that case, they also advised that, it is better to teach those who are at the door going out in order to give them alternatives to use when they can't abstain, instead of those who are still students. This is because, it is uncertain that, it can result into further increase of sexual activities amongst targeted students” (SADM, SKL/10)*

While some learning materials aids were judged detailed for certain groups of students in some schools; from most of the schools whose program teachers happened to be interviewed, students were reported to have liked the materials and teachers helped them using the booklets efficiently, in spite of the perceived insufficiency of materials. One of those program teachers reported on the issue.

*Yes, there were little deficiencies, which I got from youth themselves. They happened to like the booklets supplied by the program for them, in the sense that we were using the booklets during our group discussions; something, which raised a need for more booklets sufficient for the groups” (SADM-PT, SKL-04)*

## **4.2 Interviews from Out of School Program Informants**

This section contains the comments from both youths who served in the program as peer-educators (program implementers), and other ordinary youths (majority program beneficiaries). Moreover, the experiences of parents (VABs-Category) have also been included.

The latter group had been distant proctors and advisors for the program and not the direct implementers. In this case, their experiences to the imposed enquiries on different segments of the program implementation would merely reflect the boards’ (in which they were members) effectiveness in their respective community settings, as far as the program implementation planning was concerning.

### **4.2.1 Community initial reactions to the program**

#### **4.2.1.1 Differential understandings of the program objectives**



Despite of their acceptance of the program, youths continued holding different expectations through out the program implementation period. One of the parent informants, who also participated in program implementation, gave her experience on youths' commonly arouse need, as that of wanting to get out of life difficulties facing them.

*The shortcomings were as I said, program not having capability to provide youths get what they wanted in order to win life. This is because; they had little power and needed help to step forward. "We thought that, if we could get something like little loan from AKV as a capital for small scale business starting", youths said" (PR/VB-23/F-44)*

#### **4.2.1.2 Rejection and/or discontinuance of some program-instructions/delivery strategies**

Parental concerns over youth's sexuality and behaviors revealed itself in program implementation through their reaction towards program activities that were to involve their adolescents. Giving his experience and at the same time representing others in his opinions he said; "

*..the other thing, which appeared as an obstacle to us, were some parents who felt that, through teaching their children issues of condoms, they would turn into hooligans and demonstrate moral decline as a result" (OSL-25/R4)*

Parental oppositions appeared to be, "community-setting" factor dependent because the program covered an area with different social settings. In this case, youths action groups had planned different strategies for program delivery, deemed appropriate to their specific social settings. The choices were the youths' majority preferences, some of which however, came to contradict some parents' preferences after the program had started its activities in those areas.

*The issue of drumbeating and dances were rejected by parents from my village because some of them had watched the drumbeat dances by youths from the neighboring village and claimed that, those were not teachings anymore, rather provocations" (OSL-25/R5)*

### **4.2.2 Implementers' perceptions of program effects (immediate impact)**

#### **4.2.2.1 Perceived changes; both in environment and behaviors**

The program had been campaigning against multiple risk factors for adolescents' sexual and reproductive health in the community. Though illuminated an existence of remnant risk factors towards adolescents' sexual and reproductive health, the informant had feelings of what he considered as change towards health behaviors.

*People have been educated to the extent that they are now days becoming scared. However, still there are issues that contribute to existence of such behaviors in the community; especially when someone is participating into drinking behaviors. Nevertheless, for those who are not drunk these days... (pause...laughter), it is not easy finding someone immersed in sexual yearning behaviors” (NOR/VB-31/M-53)*

The experience changes above from parents side was complemented by observations from youths' side as well. Full of factual experiences of what people talk about youths, this adolescent girl informant agreed with the fact that “issues of sexual intercourse among youths” are problematic in her community. However, after her experiential working with the program as peer educator, she thought that her fellow girls had changed compared to previous time. *“I think these issues of sex intercourse among youths...(pause). However, for girls I see them changing compared to previous times” (PE-OSL/14)*

Other informants were thankful to the program, spelling it as an organization (NGO), and said that the program has managed to change the community environment bi-directionally.

*The main message to you is first; I would like to thank, this afya kwa vijana organization because, it has changed very much not only youths' but also even some parents' environments” (VADM/VB-27/M-56)*

#### **4.2.2.2 Perceived states of unity and tranquility among youths**

Parents experienced what they described as unity among youths in their community settings. One of the village leaders reported his experiences on the issue mentioning the vivid changes from his village.

*Youths have been saying that the project has enlightened them from somewhere because; first, they have united, secondly, formed sport groups and lastly, they have formed the youths' work forces, which exist. Currently, you know youth does not roam aimlessly around the village as they used,..”(VADM/VB-27/M-56)*

The observed states of unity reflected on formation of youths' working and sporting groups could have been acquired towards one goal of educating each other. Nevertheless, it reflected the suitability with which youths' voices through collective decisions making,

could be heard. From his observation, another informant had observed what he named “youth seemingly grown-up states” than before.

*We feel that, since we got this education, youths seem grown up, and as I look at them sometimes as their leader, it is obvious that, this thing has helped them very much” (VADM/VB-27/M-56)*

Contributing their opinions upon program’s implementation strategies that won the youths’ interests and probably managed to bring youths closely together, one of the peer educators from the focused group discussion had no doubt about “Edu-Sporting” as the one succeeded, definitely to bring youths in harmony.

*Even from my place (village), frankly speaking, it was sporting, which got much acceptance to the extent that we ended up forming two youth’s football teams, which later come to be very contentious” (OSL-25/R6)*

#### **4.2.2.3 Enlivened communication between youths and their parents**

Some parents’ reactions against some program-instructions had resulted into other youths reporting claims, which other informants from one of the youths’ focus group discussion felt that, were not originated from the contenders (youths themselves), rather were reported speeches from their parents/families.

*In addition to that, youths’ ideas on this issue might have been originated from their parents because people inherit upbringing manners. In this case, some youths also felt the same as their parents. In that case, some youths also supported their parents from the ideologies held by their families and/or tribes” (OSL-25/R4)*

Already in states of alerted by program-instructions, parents might have started communicating with youths about issues they thought important for their children to understand during that particular moment as noticed by one of the youths peer-educators.

*You know the youths also are coming from the same homes where their parents live. When coming out of home, they make notes of where the are going, the process which might provoke a parent to tell him/her that; if it is to the drumbeat dancing, I would not like you to go there” (OSL-25/R5)*

Traditional barriers that hinder parents from communicating about sexuality issues with their children is an obvious phenomenon here. Full of shame, parents could not communicate these issues, as narrated by parent informant, who nevertheless, had experienced the difference in himself, after having influenced by AKV program.

*I used the opportunity to learn more especially during my stays with the committee members, from where it happened that I could not feel ashamed of these things anymore. I started presenting the issues directly to them, explaining to them, reminding them on and on and generally it was easy talking to them ever since” (PR/VB-20/M59)*

The invigorated communication fact within families could not only reveal itself through reporting provided by program advocates, but also when opportunity gave its way, families around the community started demanding their adolescents be involved into the program. This family must have communicated to each other before they decided to contact other people they thought could have helped their concerns about the burning issue they had.

*You could find even some parents come to us asking us why we do not involve their children in education program. We usually visit such parents. I told my colleague(named-B) that one parent is complaining as to why his children are left behind, and that they wanted them included in the education program, so that they could also understand what was going on. Nevertheless, we came to realize that, the complaining parents had just migrated into the village recently” (PR/VB-23/F44)*

#### **4.2.2.4 Emergence of social-health movements and/or groups**

Community members had been motivated to promote health development initiatives in their villages. Moreover, the efforts crossed the individual boundaries of actions to collective ones, with the resulted community-wide acknowledgment of this necessity.

*Besides the fact that I was involved in implementing this program in my village; Moreover, I have been also involving myself in providing this education at ward level (six villages combined together). I am not alone in this task rather, as a team we work with all other leaders in the ward; who includes all villages; chairpersons, executive officers, education coordinator, ward executive officer, and ward councilor, all of whom, have been going around in an alternating fashion within all the villages in the ward. This is a special program, which we have invented in our ward to fight AIDS” (VADM/VB-33/M-49)*

The program had also enlightened the religious community who for sometimes, have been thought to be rigid in addressing youths’ sexuality issues, especially when comes to admittance of existence of sex intercourses among young generation.

The perceived rigidity have also probably been preventing the leaders and/or other people from this group to cultivate for preventive measures other than abstinence, a commonly advocated strategy towards moral behavior for the unmarried believers (mostly youths).

*This program has also brought high excitement to us as religious leaders, through knowledge we got from the seminars that helped us understood the problem itself. Moreover, thereafter, it has helped us manage to continue with the efforts inside the mosques and in the community in general. In that case, therefore, it has brought much prosperity; the horizon has expanded even to people who formerly felt that this issue is new in religious-world. They could be stammered when talking about it, saying, “What kinds of*

*things we are bringing into the holy place of God!” However, for now, people are knowledgeable to the extent of being able to create HIV/AIDS groups inside the religion” (RL/VB-13/M-26)*

Not only the religious community, but also other people had been touched by program messages. People thought that, there was nothing to hide anymore about their health states, which to them was well known before they decided going public about their health states.

*This project also has helped us such that, now we have a special group of people who have confirmed themselves to be infected by HIV/AIDS and had decided on their own wishes to go disclose their health states. This group is has named itself, “STAY HOPEFUL” with thirty members already and other more are significantly joining the group” (VADM/VB-33/M-49)*

#### **4.2.2.5 Community’s continued readiness for the program**

This featured readiness has been derived out of the experiences informants had on the program such as; how differently the program has influenced their lives and possibly any problems (if any) the community has had with the program existence. These altogether could reflect the most important point this section is addressing. That is, “the readiness of the community to continue holding the program as part of their health social system”.

From focus group discussion held among male ordinary youth participants in one of the villages, one of the informants had aired what youths considered their priority as per now (when this interview was held). He narrated that, what they would like was rebuilding the youths’ groups they had.

*“It is about rebuilding this group, so that we can start educating youth again. Secondly, they also like sporting very much; in that case, we would like to get some footballs” (OSL-15/R2)*

However, again experiences from other informants on similar issue had revealed newly formed youth groups who were certainly motivated than before and probably would like to accomplish the task their predecessors had started. When I visited this informant, I found youths out of her house in groups and they asked for a brief moment of discussion so that they could air their concerns. We had brief, out of record discussion with the group. My encounter with these youths just confirmed what this informant had said to me before I met the group.

*They got astonished two days ago, when I told them you are coming today, and that you would need to talk to them. Many youths now are motivated; they would need to be educated. For us we are in unity, you just tell us the day you would like to come and even if you still don't have plans for next phase, we promise to continue holding them together little bit" (PR/VB-23/F-44)*

Probably, youths' felt motivation had brought challenges into the general community to the extent that, some parents from this informant's village had asked the local program advocates, why their youths were not attending the AKV sessions anymore. The female informant, fortunately who also faced the enquiry replied.

*We told them that the previous youth group had disintegrated, we are now forming new youth group in which most of the recently primary school graduated children will be included if they are not going to continue with secondary education. However, generally, the current group might contain many youths compared to the previous one" (PR/VB-23/F-44)*

Concerned about the state of health of youths and the extent to which the program had influenced his community, this relatively young informant, and a village leader felt that, still some work was yet to be accomplished. Beside readiness, such opinions could be reflecting the immature-stage to which the program had just reached. In so perceptions, he urged the program engineers not to fold their files so soon.

*I would like to comment to this project that, if you could get a chance to continue its implementation in this zone, then it should because, I think still there is difficult task to be accomplished. We still need you very much, in order for you to continue educating this community, especially youth group for them to grow in good moral conducts. Moreover, I would sermon you that, all the difficulties you might be facing, you should consider them as part of your job, do not despair" (VADM/VB-16/M-34)*

As if validating my discussion above, another informant had narrated that his village happened to be the worst affected by HIV/AIDS in the community, rendered a target by rich precious minerals-miners every time they would worn bingos from deep tanzanite-mines of Tanzania, some kilometers away from this community. To his worries, he gave his last comment insisting that;

*I would like this project to continue for at least two or three years to come... (Pause), it should continue. Through this way, it could offer enough time for the community to be educated. However, if this project dies, we would go back to the previous situation, where these youths from Tanzanite mines could get 43 million Tanzanian shillings, and when they come here, the money get finished here! We neither have any nice hotel nor expensive guesthouses here, I doubt if that situation will not renew itself, if this project withdraws*

*from the community now, because it had probably managed to stop temporarily the situation, I would ask you to continue with the project” (VADM/VB-33/M-49)*

#### **4.2.2.6 General acceptance of the program**

Related to the sub-theme discussed above and only distinguishable from each other in a narrow margin, “program acceptance” has been elucidated from varied informants conceptions, that has been analyzed as indicators of acceptance, leave alone the fact that others spelled it out clearly, as it appeared in statements of one of the community leaders.

*In this case, the knowledge, provided by this program has displayed challenges through which many people have understood that, “their behaviors might lead them acquiring some diseases and even death to them”. This is the reason why we are happy with this AKV project and we would like it to continue because, this project is the only large educative program ever existed in these areas and which has worked mostly, compared to all other projects” (VADM/VB-12/M-57)*

Another female parent informant from different community setting had experienced nearly similar phenomenon rather with vivid changes, which to her, signified the worthiness of the project.

*I think, this is a good project, because before you (program) came here there were issues going on around, which proved to have changed after the program started clarifying issues to the community. We see changes little bit, it not like before” (NOR/VB-21/F-48)*

Clearly, indicating the extent of advocacy the program had achieved in the community; it had program became a topic of concern in community’s gatherings agenda. This administrator admitted the phenomenon from his own village as a leader who possibly engineered the implementation process in his village. *“Frankly, even in meetings we did conduct, many elders were saying, this thing has opened (enlightened) youth. In this case, this thing should continue” (VADM/VB-16/M-34)*

Confirming the likelihood of an integration of the program’s concerns into community processes, another informant had confirmed through his experience of having worked in the community as an adult peer-educator through locally representing some programs in the area that; besides lingering “differential expectations” from the project in this community he was quite sure of people’s organic feelings about the program.

*However, for someone like me, the native of this area, I have already seen that this project has been accepted. This is because, if you consider the tradition and other long standing propensities around this area; people had built a tendency that any new comer in this area*

*who would want to bring in something new, must also bring money to distribute to people”* (NOR/VB-29/M-48)

However, to other informants, mixed-feeling experiences about this program existed in accordance with how differently people perceived it. Generally, though, he also thought that, besides all the thought discrepancies observed, the majority of his community members had liked the program.

*In other case, obstacles exist, for example some people were saying, “These people are swaying youth through talking with them”. As such, these are the challenges. Nevertheless, others have been saying, “I think this project is good”. The program looked good to others because of the vivid happenings, which have been going on. Youth were grouping together, sometimes they would attend the competitions, which other people also attended; making them happy seeing the activities going on. However, generally, I think the happy groups are the majority compared to those whose thoughts are uncertain”* (VADM/VB-19/M-41)

Although it was not their responsibility, walking around with youths; some parents devoted their time supporting the targeted teenagers through every possible way to make sure that they would not stuck on their ways. This was a probable reflection of program’s influence and/or motivation over parents, according to this village administrator who worked hand in hand with youths from his village.

*This was not only for youth, but also even for us, because, the program motivated us to the extent that people managed to move around with youths in an effort to help them learn from the program”* (VADM/VB-27/M-56)

Opinions of youth could not differ much from those of others interviewed on this issue. Fully excited to the posed enquiry, one of the youth peer educators said;

*Uhh!, even now, many youth still want this program, because it is a program, which educates and as you might have found in our place; many of the deeds that existed have disappeared. Many people has stopped...(pause) and they like this program very much”* (PE-OSL/15)

Similar to the reason given for the perceived youths’ unity in the community; one of the youth informants from the FGD held with ordinary youths in one of the community villages spelt that, he had liked the program because of sporting activities the program entailed. *“I felt that, the program activities were very helpful because it brought to us things like balls, condoms; I felt that the program is helpful”* (OSL-15/R4)



From school part of the program, besides her suggestions illuminated in her quotation below, the informant lauded the program, of having influenced their previous perception of the world around them.

*It is a nice program; it has educated many of us, except that, on my side I thought there were things that needed some improvements, especially upon some of the strategies used in delivering the program” (SADM, SKL-06)*

When asked about his general feelings about the program, he first chose to present youths feelings into his experiences; and to himself, the program had been a barrier against life calamities.

*I just saw the motivation, especially their participation in discussing issues during the program sessions. The feelings of dreadfulness were... (Pause), In this case, therefore, I would like to conclude that, it is a nice program that aims at providing safety barriers to the children. It is a barrier; that is how I look at it,... against life calamities, especially, HIV/AIDS disease” (PT, SKL-07)*

### **4.2.3 Implementers’ perceptions of planned implementation**

#### **4.2.3.1 Perceived, ideal program delivery schedules**

Most of the interviewed youth peer-educators felt that the program delivery schedules across their villages were perfectly planned.

*The time available for motivating our colleagues was enough because mostly, we planned for our meetings after morning and afternoon activities sessions ended. This was between 15 and 17 hours on specific days” (PE-OSL/14)*

#### **4.2.3.2 Peer-educators’ performances and activity-states**

An enquiry that aimed at revealing the implementers’ and/or other program beneficiaries’ perceptions of their own performances opposed to others’ views respectively was also discussed. Despite of the “self-experienced workload” from male youth peer-educators that could possibly have arisen out of “female peer-educators frequent drop-outs”, and the consequential probability that, the remaining participating population had entirely depended on remaining male peer-educators, this informant still had performance confidence based on the number of peer-educators trained per village.

*Yeah, it is true, every village had two peer educators of different sexes, regardless of the fact that, male peer-educators had tough job. I think two peer-educators per village were enough because, it was not necessary to visit every house, rather, we had meetings points with all other youths” (OSL-25/R2)*

While peer educators themselves thought that they sufficiently managed to deliver; some program receivers felt somehow differently about the available two peer-educators in their village, possibly indicative of “setting-specific needs” that arouse.

*Frankly speaking, in this area, two peer educators were not enough because the job was difficult as peer educators also have other responsibilities. They have families and would need to go through this and that way, rendering them somehow ineffective in youths educating processes” (OSL-15/R1)*

The relative time-limitation for program delivery was also noticed by other implementers, although the drawback appeared to have no alternative.

*Looking at this area from another direction, program “delivery-time” per-occasion appeared insufficient because, you could find that youths were attending these activities mainly in the evening (from 15hrs to 17hrs). The time available appeared relatively short because we had to conduct some discussion for educating each other briefly, so that we could leave the rest of the time also for youth to have fun and other entertainments” (PE-OSL/13)*

Further, during the discussion, when probed on how much they thought the program could have “reached” youths in their villages, participant R2 was confident of his reply, which was unlikely to be positive-rating bias, because of accompanied reason for his experience.

*I would say, percentage wise, maybe it is around seventy percent coverage, because if you call for a football match there at the pitch, may be for competition. Many people of different sex and ages would attend the occasion and if for example AKV technical officials had also attended the occasion to help giving some messages to make the audience listen...” (OSL-15/R2)*

#### **4.2.3.3 Perceived program-delivery successes**

Peer educators had as well faced some difficulties in organizing youths, the fact that could not prevent them fulfilling their ambition. Confidently, through his double-meaning experience, one of the peer-educators from the FGD had admitted, saying that besides the challenges they might have gone through, the success was still soundful.

*It could be around seventy percent or more of success, because, even if you closely watch those who were claiming that we were being paid out of peer educating; they had received the messages before they imposed the opposing allegations on us” (OSL-25/R6)*

Similar experience came from another informant. Nailing the point on similar scenario, he said.

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*I think, the extent to which we succeeded could be big, because, for someone to criticize or reject something, for example the issue of drumbeat and the associated dancing; they must have attended the scenes or sessions, but ended up not liking the way people dance...(Laughter from all others...)” (OSL-25/R4)*

#### **4.2.3.4 Unsatisfactory community-wide involvement and participation**

Besides the perceived program delivery success, by youth peer-educators among youths; parents (VAB-category) had different feelings over community-wide involvement and participation according to plan; the task, which however, was among other responsibilities of individuals from this group. Community and especially parents’ involvement in the program had proved needy and time-consuming but unfulfilled task, as narrated by this administrator from one of the villages.

*We still have some people especially parents who have not known, what the project is, what is it for and, probably the reasons why their children have been in constant move for the project” (VADM/VB-27/M-56)*

Possibly telling us one of reasons why community mobilization could not materialize as planned; one of the informant from this group had experienced parents’ low-motivation to be the reason as to why their response to the program implementation went unnoticed. She gave her suggestion that parents could also need some sort of campaigning-education or rather information provided through gatherings, something that to her had not been effected accordingly.

*Secondly, I think parents’ motivation is still low. However, could there be some gatherings for the parents to get motivated, little bit of education, may be that.(pause)...” (NOR/VB-21/F-48)*

These two female informants from different community settings were completely enthusiastic about the fact that, effective parents involvement could best have occurred through community gatherings. Probably these were the internal challenges to the group (VAB) itself, because others might have left their responsibilities unattended for this to occur. Moreover, this could be reflecting the difficulties with which the volunteered task might be challenging, especially if the participants had counter-expectations (in the beginning) over the tasks delegated to them.

*I think, the extent of parents’ involvement was not enough yet, because we would need largely to do it through village general meetings that we gather every month. This is because; in those meetings we would meet, both parents (fathers and mothers) if at all we could have been granted the opportunities to give short messages as program’s stakeholders” (PR/VB-32/F-59)*

#### 4.2.3.5 Short program duration

All these come after same youths had previously claimed to deliver the program successfully. This could be confusing phenomenon here; however, it is clearly indicative of program adoption process that could not move together with delivery of the contents to the targeted groups of individuals and/or other social systems in community organizing process.

Having introduced the topic of implementation duration to the audience, this participant from one of the youths' focus group discussions thought that the time for youths' full-fledged motivation was not yet due. He thereafter gave his experience, thinking that the program could have continued for a while for the youths to acquire the knowledge that could possibly have well fixed the process in the community.

*I think, they should have done it for at least a year or some months because, if it is an issue of educating somebody, you need to educate him truly for him to understand and once he understood, they will be educating each other among themselves, every time they meet..”* (OSI-15/R2)

The reasons for not having met the program objectives differed among the youth implementers. To others, like this informant from the youth peer-educators' FGD, the reason was related to youth themselves (the program beneficiaries). *We could not meet the objective, because, first, there is behaviour where youth tend not understanding things as immediate as they are introduced to them”,* (OSL-25/R6) possibly reminding us the previously discussed difficulties faced in organizing this group of individuals and/or learning process that appear complicated and needy for time investment.

The latter, seems to be true as experienced by another informant below. *“You know when anything new comes; the initial respondents are usually few. In that case, when the AKV project came, the youths who approved it first were few as well”* OSL-25/R5

The program had targeted to bring youths closer to their families as a strategy for sustainable individuals' behavioral change. Similarly, the strategy could have empowered the family members, especially parents to score high against the lingering silence, when it comes to discussing sexuality issues with family members; especially adolescents who are naturally at risk from influences of their growth stages and the sexually enticing environment they live in. In acknowledging this, one of the parent informants was doubtful

if this objected two-way communication was yet to take its desired stance amongst the targeted.

*This project has been closing doors through changing peoples' behaviors and, if this project might be in its final stages; I would like to pose a request for its extension. Under the current situation, it might happen that other youths would not be able to narrate to their parents, what is going on. However, if parents could be also knowledgeable about the fact, they might support their children through telling them "why are you doing against what you have taught"; this could have been also of much help" (VADM/VB-27/M56)*

Furthering the discussion about duration of program implementation, another administrator narrated the phenomena where the newly formed and motivated social health groups e.g. groups of PLWA from his village; was hopeful and had just planned to ask the project to provide training to the group members. The said group (STAY HOPEFUL) had planned also to engage fully, (after the group could have been empowered through training) in furthering up the HIV/AIDS education in the community.

*As per now the group is preparing for their second meeting; through which they will be discussing further on how they can get any training from the project on how to do this better and thereafter continue educating the community" (VADM/VB-33/M-49)*

#### **4.2.4 Factors influenced out of school program implementation process**

##### **4.2.4.1 Frequent dropouts of female peer-educators**

This informant was a second potential female peer-educator selected after her successor went elusive. However, she had started participating in the program's activities as an educator, serving female youths, meanwhile waiting for the formal training from the project.

*Yeah, I did not attend the training seminar because we were waiting for you to come, because since we did the "youth congregation" on those days you had not visited us" (PE-OSL/14)*

The weakness observed among female peer-educators, to abscond from their responsibilities in this program soon or later after their trainings; could be illuminated from statements, such as those made by this female elder who explained to us how women were being socialized in their community overtime. These statements further clarify the origins of submissiveness of women versus males' dominance over sexuality issues that exist in African local societies to date.

*You know; previously during our time, women were being initiated through traditional ceremonies during when they were also taught how to behave when they enter marriage life. We were taught to be polite to our husbands, not to fight back when reprimanded or bitten by them and we were obedient to these doctrines very much”, (TBA/VB-30/F-65).*

Moreover, it could be reflecting the impact of other factors influencing adolescents’ sexual lives as experienced from in school program e.g. early marriages rising out of poor quality of life at parents’ homes, including their inability to provide the needs of their adolescents.

#### **4.2.4.2 Unsatisfactory participation of female adolescents into the program**

Female adolescents in this community appeared to be one of the unreachable groups. However, from the extent of program advocacy experienced in the community, it was unlikely that this group of individuals were unaware of the program. Did they find the program unappealing or just failed to perceive their need to participate, were the enquiries that could have direct implication for improving the program.

Another female peer-educator (the third in replacement series after her two successors had absconded from their positions), probably tells us something about the possibility of programs which target adolescents to expand their coverage-horizons in situations where prevention of adolescence pregnancies is the focus among others.

*From our village, the women’s netball managed to attract youths very easily, from their homes. However, you know you would find a very young aged adolescent, who is a mother already. In this case, she would tell us, “I am already a mother and therefore, cannot participate in jumping around with kids there”. This also contributed to not getting the enough female youths to participate in the program. Age wise, she is an adolescent but because she has been prompted to start life early, she is ashamed, having feelings that they are adults already because, they have kids. Under this situation, getting female youths in greater numbers were difficult, except for those who had just graduated from primary schools before they also joined the system”, (OSL-25/R7).*

Her statement illuminates an altered status of the said group, completely changing their previous view of the world around them, the possible reason for their elusiveness. Moreover, something not clearly indicated from informant’s experiences was an obvious phenomenon. This is the fact that program implementation activities were possibly, “dominated by adolescent males”, and an indication of continuance of males’ dominance over sexuality issues in these traditional local communities.

Clearly providing us with an account as to why adolescent girls could not participate sufficiently into the program; he stated that only male adolescents readily turned up for the

program activities. From his observations, adolescent girls are the victims of female gender roles in their families, the possible explanation for female peer-educators dropouts in addition to what has been discussed above. Conclusively, this is an indication that societal factors play significant roles into this phenomenon.

*Male youths were readily joining us; may be the female whose attendances were not satisfactory in our records because their mothers could have been keeping them busy with home activities” (PE-OSL/15)*

#### **4.2.4.3 Some peer-educators obedience to their consciences**

Giving his opinions upon the difficulties youth peer-educators had faced while implementing some program-instructions; this informant narrated a situation where they were overwhelmed by what the surrounding community thought was morally right to be addressed in certain settings. Staying obedient to others’ feelings and probably their similar own, they decided not to talk about condom issues in religious settings e.g. during denominational youth congregations.

*From our village, as youths we left out talking about the issues of condom in religious settings; may be if the program coordinators would decide to help maintain this relationship between the reproductive health educations in religious settings; that will be Ok, but for us we are new and it becomes very difficult for us” (OSL-25/R6)*

#### **4.2.4.4 Issues related to difficulties in organizing youth**

##### **▪ Altered states of adolescence in poor rural communities**

Ordinary youth had discussed what they thought could have made many youths to participate in the program activities from their areas. His experience is clearly indicative of an altered status of adolescence in this community, already discussed from in school program. On those bases, this informant said.

*I think if, there could have been an order that after coming from educating other youths, be it morning, afternoon or evening, their should be something that would reduce the despair that causes one to participate in the program activities with one leg-in and another leg-out” (OSL-15/R2)*

Further, in the sharing of their experiences, the informants from this group also highlighted a phenomenon they named as “youth and independent life”. From his views, these two adolescents supported each other in the discussion by mentioning the point repeatedly. They acknowledged their awareness of existence of the program anyway. However, to them lack of employment had been a draw back for full youths participation.

*It is all about employment; you know in this vicinity, if it is knowledge of AKV existence, we know that; except that when a youth has entered an independent life, you might say, I won't go today, let me look for available casual job to get the day earning. In this case, if you could be having a business capital to work on, you do that during the morning, and in the evening, you could get time to think of other things without much stress/uncertainties in your mind" (OSL-15/R3/R2)*

Possibly indicating an existence of poverty in the community and struggle for power sharing among adolescents, peer-educators reported feelings other youths from their areas had on their volunteered job.

*This happened because, when we educate them, they would think that we are getting some sort of remuneration from this afya Kwa Vijana project. Others do understand, but others pretend not to understand completely. The latter group was however, fewer than the former" (OSL-25/R6)*

#### ▪ Influences of adolescents' peer-hood and status

Exchanging ideas on individual experiences from varying community settings, one of the peer-educators narrated how youths' disregarding behaviors affected their performance. Clearly showing adolescence problems in independence, power, and equality seeking among them, an informant said;

*It was just a disregard from others because they would think you could tell them nothing. This is what caused us not to meet our objectives there. (Pause)...It affected us because, they believed that through what we were doing, we were rising up economically, so that we can advance from their group in the near future towards big people" (OSL-25/R6)*

Probably telling us about the statements spoken to him by another person who could be much older than informant could, this peer educator narrated his grief towards the statements, which might have affected him anyhow, i.e. psychologically.

*In that case, others would say; "you Joseph (not the real informant's name) you are still a kid, and you know we saw you coming out of your mother's womb?, you grew up from your childhood seeing all what you are",.....(laughters from others). You see statements like this...nevertheless, I went on telling them the truth that, it all okay, but now am grown up and educated. Those who wanted to understand me did that; those who did not want continued their ways" (OSL-25/R1)*

Relative lacking of trust from youths to their peer-educators revealed itself almost in everything these peer educators were doing in the beginning.

*In addition to that, from our place, after the balls were brought, youths thought that we had also received clothing outfit for footballers (uniforms) and even balls might have been offered in more numbers than what we presented to them; and may be we have sold out*



*others! Generally, however, as explained by 25/R6, this scenario contributed very much in exasperating us! “Hei brother, give us that ball, for us what we want is playing that ball, if you are paid, that is up to you”, some youths insisted, when we were conducting education sessions. Things like these, frankly speaking, contributed to our despairs” (OSL-25/R1)*

Adolescent peer-educators who survived the tempest happened to have told about the challenges they had faced during program implementation. According to this informant, with other youths, the battle was all about the equality within the peer groups.

*There is also this issue of project uniforms, because the targeted individuals were the action youth group and the respective peer educators, they were given some uniforms (project logo). The remaining youths felt that the group had status over them, in that case, they also felt that they are not valued same as their counterparts regardless of the fact that, they are the ones who are required to attend the educational meetings held by the action group and peer educators. In that case, we told them that the t-shirts had run out of stocks, and that they should wait if the project would bring other ones” (OSL-25/R4)*

Despite of all other difficulties they had faced, peer-educators explained the virtuousness of adolescence peer-hood through supporting each other, especially towards the majority views; which at last paved the way toward their understandability to their counterpart youths, despite of initial unexpected reactions by others.

*This is because, “the conscience belongs to an individual”, and the fact that once youth have seen that their peer majority approved something, they would follow the decision of other majority peers are doing” (OSL-25/R4)*

#### ▪ **Youths’ constant mobility**

Responding to the enquiry needed his experience from his involvement in the program’s implementation activities and if the program had made any significant change in youths’ health seeking behaviors. One of the health care providers involved into the program, experienced that youths had been most the mobile population forth and back into the community for life seeking purposes. This formal health provider thought that, this might be the reason this group of individuals are not able to establish themselves in this community.

*I think they cannot handle the situation because, let us say for example after we had helped them form those groups; if you try to find either of their leaders today, you might not get them around, despite of the fact that other group members could be around. In this case, youth are life-seeking individuals, rendering them highly mobile” (FHCW/VB-18/M-54)*

Reflecting the fact that high mobility could also lead to high attrition and turn over for the youth program advocates; this young adolescent female, interviewed individually also revealed the same scenario of youths' mobility from her village.

*Currently if you count, you can hardly find three youth individuals who were in the first group, they have all left. In this case, even if we would want to call for a meeting to remind each other of some responsibilities to start with, you might find only two to three people attending that meeting”* (PE-OSL/14)

This informant also supported the existence of this situation in their community and went on naming it as unfortunate scenario to this group. Nevertheless, despite of the high mobility of this group, she is eager to see those found around being helped as much as possible and that the program should not despair for the reasons of absence majority or present minority.

*It has only been unfortunate that, many youths after graduating from primary schools, would not stay for long before they could leave the community for life seeking purposes. However, for those whom we are able to get around, do not get tired with them”* (NOR/VB-21/F-48)

Another parent interviewed on the same issue had also agreed with the fact that youths' movements have been associated with trials of new life outside the community. Airing his experience about this situation, he however, disclosed the relatively negative impacts (to youth themselves) from the movements they make out of their community saying;

*Even though, many of those who leave the community usually come back either with nothing in their hands or pregnant. They are the ones hiding in their homes feeling ashamed of coming out to face you now!”* (NOR/VB-29/M-48)

#### **4.2.4.5 Influences of culture, traditions, and societal propensities**

Because of refusal and/or challenges from the community on some program's- instructions and/or delivery strategies; peer-educators responded differently as to why that might have happened. With rejection of youths' drumbeating and dancing as a strategy to motivate youths, this informant thought that.

*The tribes in these areas dance in different ways, for example from those of costal areas. In these areas, they are used to jumping dances (Maasai style). However, frankly speaking with waist-twisting dancing...Aaaahhhh!”* (An exclamation indicating something being disapproved) (OSL-25/R4, R6)

Giving his opinion on the same topic, one of female peer-educators was skeptical about the possible reason above; as to why possibly youths from the similar setting who had planned

to use dances with the chosen styles faced the challenges from parents. To her experience, she thought of complications arising out of multiethnicity in that particular community setting.

*In this zone (the host village where the discussion was held); you would find such many mixed ethnic groups compared to other places like our places, where you find only one dominant tribe living in the area. In this case, the situation is usually tense here” (OSL-25/R5)*

#### **4.2.4.6 Appeasable strategies for program delivery**

Already perceived to have resulted into “youths’ unity and tranquility” in the community, “Edu-sporting, program delivery strategy had a very positive effect on program implementation due to youths’ interests in sporting activities.

*The reason why they liked the program was sporting activities, it is true the project brought us some balls and then later on we formed entertaining youth groups, but when the balls were wearied off, everything stopped. That is why whenever they feel that the group would want to work up again, they become happy because either the balls will come again for them to continue sporting” (PE-OSL/15)*

Similarly, the idea above was corroborated from the group discussion by ordinary youths from one of the villages. One of the participants ratified the edu-sporting strategy as the one without which, most youths from his area could not have participated into the program to the extent he witnessed. *“It is through that way (sporting) they managed to get youth together, without which they wouldn’t have got anybody attending there” (OSL-15/R1)*

Other youth informants also gave their contribution upon instructional and/or learning materials-aid used in the program implementation. Having being supplied with booklets meant for individualized learning, other peer educators had trouble in keeping and deliverance of the materials.

*In youths’ opinions, most of the times they talked about those booklets; the booklets were few because and reading the booklets through exchanging them from one person to another and back to the group leader to get the different one proved challenging. This was because, some youths were staying with the books for long time in such a way when others needed them; those who took them were realized to have gone elusive” (PE-OSL/13)*

According to this informant, condoms social marketing/promotion strategy for program delivery met another unexpected high demand-complementing phenomenon named as, “supply”. To some of the peer-educators, lacking constant supply to meet the high demand of “free condoms” was a kind of roadblock for continuing educating youths about condom.

*Then the male condoms we had gone out of stock, the point from when we were not able to help those in need of them because you will educate them yes but you do not have any help to them after that! Your efforts are worthless in this case because, they might ask for the condoms afterwards. If you say you do not have, you see, it is a problem” (PE-OSL/15)*

In spite of other materials-aids, having felt unsatisfactory to the requirements of the users, one of the youth informants gave his experiences upon the related arouse need, which could not be met completely.

*In that case, only few girls managed to came to my place to ask if I could educate them about female condoms. There, I tried to give my opinions while educating them. However, it was difficult because I did not have the female condoms, so that they could have even seen them” (OSL-25/R1)*

#### **4.2.4.7 Opposing expectations of the local program advocates**

As also indicated by some informants contributed towards “general program acceptance” theme, another informant experienced people’s expectations to be different from what this project had aimed and/or capable of doing. Standing to be truthful about her contribution, she said.

*Frankly speaking, you know majority of people to date would target towards benefiting from the projects coming into the community. In that case, some people could join the group expecting something in return. That is how majority expect. However, after they would have realized that, we are just roaming around without even getting what we use returned to us, then many of them would start withdrawing slowly saying, I cannot continue working for nothing every day” (NOR/VB-21/F-48)*

Similar experience also arouse from one of the community leaders who complemented the idea saying that, the beginning have been challenging to this program’s implementers. Starting his response to the question by grieving sound, he said.

*Mmhhh...., I would say that, the beginning has been always challenging and especially for the moves that have been initiated by projects. However, I would ask you to continue the way we started, except that the issues of sporting and entertainment are the ones which we would need strengthened because, they easily bring youths and all other people together especially in this area” (VADM/VB-33/M-49).*

Such experiences could also explain as to why program durations in such communities need to be reconsidered lengthy to allow for full-fledged integration of their intents. While above community leader provided the program with sympathy; this female parent, and a long-standing traditional birth attendant in her community, who devoted her time working with youth, faced the challenges upon her volunteering working with youths. In this case,

some of the difficulties experienced in organizing youth could be originated from their families, besides others being age appropriate for adolescents themselves.

*The claims continued saying that, the project were probably offering something for the whole group of acting youths; however, the money were ending up in our hands as adults who were supporting youths hand in hand. This made us feel very bad, because some of these parents convinced their children not to involve themselves again with the project activities. However, those few who remained in the group, continued” (TBA/VB-35/F-50).*

#### **4.2.4.8 Controversial parenting styles over youths’ sexual behaviors**

Rising out of arguments youths had with their parents; about latter’s reactions over program delivery strategies/instructions discussed before, other similar scenarios continued revealing from adults parenting actions. Under such instances, youth categorized those parents thought as restricting their adolescents from participating into the program as, “ancient ones” (outdated parents).

*Looking at it closely, I see other parents who still posses ancient-time behaviors through their thinking of impossible things, for example, they would forbid their children not to join other youths during education because they think that the kind of education we provide to each other is full of hooliganism” (PE-OSL/13)*

When interviewed on the same issue youths had raised, parents had different but likely compatible to youths’ idea. One of the parent informants, who contributed, thought that parents from this community lack knowledge on how they should present what they wish to talk with their children about sexuality issues. This is likelihood that communicating sexuality issues from parents to adolescents and vice versa is a proven challenge as already discussed from in school program.

*If parents could also have been knowledgeable about these issues, they might be able to support their children through telling them “why are you doing against what you have been learning”; this could have been also of much help to these youths”, (VADM/VB-27/M-56).*

However, without such comments being communicated to youth in easily understood manners, the generations could continue interpreting their parents’ actions as functions of intrinsic wrath and deliberate vengeance against their freedom and wishes.

#### **4.2.4.9 Comprehensive strategies for general-community organizing**

Although seen above that there were experience of unsatisfactory community-wide involvement and participation; program’s strategies put forth for community organization

seemingly helped in propelling its advocacy in a way. Such strategies have revealed themselves in this study, such as:

- **Youths' collective movements;**

In working with community members, action youths groups developed a patterned way of communicating their concerns to the nominated program advisory committees of their respective villages for support as explained by one of the peer educators.

*In working with the main program advisory committee, first when I came back from training, I had to submit myself to the committee and give them little bit of what I learned. We decided to do this in order to gain their interest in supporting us later on during the educating events, for example during edu-sporting events etc” (PE-OSL/13)*

- **Parental responses;**

This experiential contribution from peer-educators' focus group discussion came by when one of the informants were brainstorming as to why parents reached a stage to oppose some of the strategies youths designed and agreed upon to deliver the program instructions. To him, plans for parents' involvement had well functioned, with only few exceptions.

*In this case, some parents, for example in my village, were also attending youth meetings to listen and see what was happening.. (Pause) Anyway, I think parents were involved well in program, however, the only issue they came against of was, “drumbeat dancing” because they were ready to see and watch everything else going on as planned” (OSL-25/R2)*

Another peer educator also contributed his experiences on different way through which community involvement occurred. Similar to the scenario discussed previously where, some of them had devoted their time working with youths, this time, others were observed providing motivational support for youths to participate into the program.

*Most of the times, parents also did help in motivating youth to go into meetings. If they would have seen some youth just moving around or may trying to avoid joining the others in their planned meeting; they would advise them to come and listen whatever we had prepared for them on that day” (PE-OSL/15)*

Further, during the process, some youths who were interviewed in the group from one of the youth participants, generalized the parents opinions about the program. Besides physical support and psychological motivation noted above, parents also took actions. Specifically referring to condom promotion issues, one of the group informants had experienced relatively positive response from some parents of his neighborhood.

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*“This is not an issue to hide now, compared to the past periods. You cannot say condom is strange thing, because, even some parents bring condoms at homes now days” (OSL-15/R5)*

▪ **Local government leaders’ involvement;**

Working with community leaders have been one among other strategies for community-wide involvement and participation. One of the community leaders gave his experiences on the difficulties they have been getting out of youths and other people involving themselves into use of intoxicating drugs. In this case, involvement of these community leaders into the program probably had an impact on these issues of drugs use and abuse inside their villages.

*“...we are trying hard to fight the maniacs and the use of intoxicating drugs like marijuana (bang). In fact, besides education going on, we have mostly tried to close down all the channels youth use in getting these things from outside our community and in that case, now at least people would listen to you when addressing something” (VADM-VB-12/M57)*

Further, in working with community leaders in the program implementation, this middle-aged community leader said, “participatory leadership into implementing several of their planned activities have been the best alternative for their goals meeting; likely, from what he describes below as, culture of involving each other into various activities.

*I think we see the situation is promising because; youths have been constantly helped through community leaders. ...Brief paused; you know in these areas, if you would want to do anything, you must involve other people. As such, usually we call for hamlet meetings, village meetings, political meetings, ceremonies etc. Under these situations, the implementers of different activities get opportunities for issues clarifications during these get-together meetings” (VADM/VB-19/M-41)*

Showing the power they possess in influencing community processes, one of the hamlet<sup>10</sup> leaders happened to give us his experiences about the program and possibly how he managed to utilize the opportunity he was granted, to influence the program implementation.

*Frequently, I managed to call for the hamlet meetings. This is because I have a mandate to do so, for my position as hamlet chairperson. I managed to put this issue as priority agenda*

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<sup>10</sup> **Hamlet**, is the lowest unit in the hierarchical community organization, leadership structure in Tanzanians’ local government.

*among others, and tried to educate my colleagues on necessity and how to talk to their children at their homes” (PR/VB-20/M-59)*

▪ **Religious community involvement;**

Community involvement into the program implementation did not exclude religious leaders from various parts of this community as experienced by one of the youth peer educators above. Responding to the enquiry that needed his opinion on contribution the program had brought to youths under his spiritual guidance, he talked about the common convict on denominational community that, they could not address the issues of condoms. He also insisted to the program that, as spiritual leaders, they probably have their ways of addressing such issues to their religious communities.

*...nevertheless, for us as a church, exposing everything is not possible sometimes. Even though, we support youths using condoms after knowing that using condoms helps and we also support this because, we know they cannot abstain from sex until they are married as we usually insist. In this case, we talk to them without concealing anything for both girls and boys. Even in my family at home, I tell them, the situation is not good, this and that...you know” (RLVB-14/M-42)*

When youths were probed for their experiences upon opinions of other program stakeholders in the community, one of the newly nominated, potential female peer-educator was surprised with her experiences.

*It looked like religious leaders also were involved in the program because; even when you attend in churches and in mosques and listens to what they are talking about, it sounds like what we are working on similar issues. In this case, I din not see any obstacle from their side” (PE-OSL/14)*

Besides being happy about his involvement in the program, another spiritual leader interviewed had given the program some spiritual compassion. Through his typical persuasive and comforting words that possibly managed to bring his followers close to the program’s objective, he said;

*My involvement in this program was quite right because, even in churches, we are compelled to talk with believers in details about AIDS problem. We do this for, at least when the word of God would have captured their consciences; they should not fear instead know that the problem is serious and if they would not pay attention to it, then this generation might be decimated completely.*

*In that case, even in churches we insist very much for people to pray to God assiduously for the constantly arising temptations because... (Pause) it is as if something has been poured on earth. In this case, if someone would live without God’s sprit, he might find himself involved in world’s affairs” (RL/VB-17/M-47)*



Further, in seeking the opinions of religious leaders about this program, this informant had feelings that, the religious leaders were probably the most succeeded well in involving the community into the program. However, he also reminds us of the fact that, they would need frequent empowerment to keep them update of issues as they change.

When combined with those of others above, his comments probably tell us about the fact religious community could be the good ambassadors of youths' sexual and reproductive health needs if empowered. Possibly, the lacking appropriate information and technicalities on how to deliver it to the intended audiences have been the drawback for them to embark into the task.

*Yes; largely, the only people who managed to implement their responsibilities are religious leaders. The other issue is about updating us with new knowledge, you could find that, this has expired, then you bring us other updated ones, and also regular seminars for us (me)...(pause)., you know sometimes I would talk and reach a stage where am stuck to the end, but in cases where, I would have been charged...(pause)..Here I mean, you should be coming to fill us with new energy and skills. Nevertheless, these issues have helped us. For those who wanted to listen, have done so because if you managed to convey the message directly to people and sometimes they see..., but disregarded your instructions; we do not have any reproach even before God” (RL/VB-14/M-42)*

#### ▪ Coalitions with leaders of other local social systems

One of leaders of the local organization (KIWAKUKKI) had seen the difficulties the program faced in trying to reach people who were in dilemma on where to stand because of challenges rising out of poverty forcing individuals to look for survival at first instances and health needs later on.

Through her dialectic idioms filled with aphorisms possibly indicating to the program that, an overnight change should not be expected, also reminding us of previous discussions on program duration she said,

*I would like to advise you not to get tired, because we have people who would need to be helped stand up. You know a child would first start sitting down before it could crow, and then walk. In this case, we are seated down here, we would need to crow then walk through your efforts. In that case, you must continue with us, don't despair, even if you reach stage you get abused; however, because you have not archived your objective of liberating people from problems, motivating people to be like all others who are developed, you should not get tired. I would advise you, to assist us, work side by side with us so that we*

*can lift these youths because, they are now knowledgeable little bit since you came into the community and went around” (NOR/VB-21/F-48)*

Program further proved different ways of involving community into its activities. Another relatively young female informant who had once worked as a peer-educator for home based care for PLWA in the community, reminded us of the already discussed role, also played by other community leaders. Likely to be an integrative efforts towards program sustainability she said,

*You know currently, we would not terminate any of the gatherings in any part of the community without integrating these things. This makes people keep these things in their minds continuously” (PE-NOR/VB-28/F-30), and*

▪ **Inter-leadership collaborations;**

Likely to add power to the latest discussion above, the denomination community had proved their true intention and objectivity in working with this program in this community. A Muslim informant was very grateful to Christian community in his village for their universal support of educative efforts regardless of where/from whom it comes from.

*I am a Muslim; however, I would like to congratulate the Christian denominations in this community for their transparency, to the extent that I have been getting opportunities in churches to address the concerns of what I have been working after/for. They also made us known to people through this generosity” (NOR/VB-29/M-48)*

**4.2.4.10 Challenges rising out of community’s conflicts and leadership styles**

Epistemologically standing at a point, not able to challenge the ideas this informant gave, concerning conflicts rising out of leadership styles in the community; he suggested that, conflicts in his village had been a roadblock towards effective program implementation. According to him, these activities could only have reached their effectivity climax in areas where the leadership is strong and in harmony with all other people in the community. Starting his lengthy story, he said.

*I have been working with KIWAKUKKI for very long time in this community, and I have even engineered for the formation of local community credit bank (SACCOS) in this community.*

*However, surprisingly, if I would want to contest for even a membership of any committee in the village government, nobody would give me even a form for fill- in my particulars. This is just to show a picture of the real situation. In this case, it is better to be careful, because we have people who can work regardless of who they are in the village or what they own. Peoples’ participation in activities is very minimal in this village and community*

*meetings have been (pause)..., generally we don't have even community meetings here"* (NOR/VB-29/M-48)

Seemingly, community development programs could easily be entangled into such community's complicated-processes. The issues of leadership and the associated conflicts emerged again from one of the study informant who was actually a community leader himself.

*Other issues, which however, have not had any negative impacts on us because of our resolute leadership; is the whole issue of economy. I am saying this did not obstruct our efforts because we have managed to reach every hamlet and in every household in campaigning against this. This was the issue of youths loafing around the village aimlessly. This is because, when youths spend their time like this, they could easily become coveted into sexual plays, because their bodies are not tired"* (VADM/VB-33/M-49)

#### **4.2.5 Empirical suggestions for the improved out of school program delivery**

##### **4.2.5.1 Provide economical support to youth groups**

When probed of what could be done for the possible improved program delivery from their experiences on challenges and/or problems faced; one informant among others who also had similar suggestions thought that.

*Could it have been possible for the program to provide a kind of project to the youth groups; that could have attracted many youths because youths in this neighborhood prefer being engaged. In that case, to them a project could have been a big motivation"* (PE-OSL/13)

##### **4.2.5.2 Review of strategies for organizing the community and youths**

Careful selection of members of youth action group emerged as a challenge that needed attention for the improved program delivery. Her experiences that could be reflected on theme "difficulties in organizing youth" specifically remind us of possible reasons as to why youth groups' disintegrations occurred and consequential attrition and /or turnover indicated in previous discussions.

*Previously, for example, you would find a youth who had only come in the village for a holiday or may be someone had just come in to the village for visiting purposes ending up being elected as a member of the youth action group for the program"* (PE-OSL/14)

##### **▪ Broadening of program implementation coverage among youth**

Same informants continued, commenting on an extent of youths' withdrawal from the action youth groups, who were the engineers of the program implementation. The peer-educator suggested that could it be possible members of these groups could be appointed or

elected from their immobility criteria. Additionally, she went over another point that had been raised by other informants from other sections of this document. That is “program’s coverage-horizon issue, about which she specifically thought that even the married adolescents could be involved into the program similarly to others for better program sustainability.

*Under this situation, groups of youths who are relatively immobile might be of helpful. This is because if someone attended the training seminars to become a peer-educator even if he/she is married, but is young and a resident of this village, we would not have lost him with everything we owed him/her as an educator. This is why we have formed a new potentially powerful group with youth members who are potentially immobile, myself being among them because, am still very young and therefore not expecting to marry in the near future” (PE-OSL/14)*

Concerned over motivating their female youth colleagues to participate into the program, one of the female youth peer-educators suggested to the program to reconsider the possibility of including young women into the program as a strategy to attract more female youths into the program.

*I would like to request that, if it happens next time, we would like to mix female youths and young women. In this case, even if only five unmarried female youths were the ones going to turn up, the team would be enough to play the women’s netball with other female youths. Through this way, other adolescents girls who could not turn up in the beginning, might be attracted to join the team with time and get educated thereafter” (OSL-25/R5)*

▪ **Provide sufficient working and/or learning materials-aids**

Youths also suggested to the program to bring enough materials aids to the field. This female youth informant reported that, to her conscience, telling youths to abstain from sex was impractical and therefore educators needed enough condom supply.

*Many of the girls are deceived. In this case, we would need, as per this newly formed youth group, things like condoms, available in order to be able to provide to those who would need them during our educating sessions, because with sex issues if you tell someone abstain, he might regard you unworthy” (PE-OSL/14)*

On materials aids issue, need for transport around the village aroused as a need for improved program delivery due to distances they needed to cover during the tasks. To their suggestions, this peer educator thought of bicycle as preferred transport for them to be able to reach different places in time.

*For this program to succeed, I needed materials-aids. Could we have got materials-aids, this program would have continued without deteriorating anyhow. It is as I told you*

*previously that, materials-aids were the obstacles that would make the task of going around the village difficult. These are like; bicycle, condoms, and our learning booklets are also now lesser than they were” (PE-OSL/15)*

▪ **Involvement of outsiders in motivating the community**

One of the interviewed parents aired his contributing towards the reason why he thought community motivation and participation (support) of the program needed relatively longer duration. This was because of the tendency where members of this community prefer trusting outsiders to the natives with whom they are living together in the neighborhood.

*You know, people would have much trust on a stranger/visitor, because they would say, “he came all the way from wherever he is coming from only for this issue”! They therefore, might end up giving much respect to what you are instructing, believing that the issue might be of great importance. This is different if I would talk to them alone on the same issue, because they know me as one of them in the neighborhood” (PR/VB-20/M-59)*

In supporting for an “outsider” idea, and at the same time giving the cautious phrase; another informant, an experienced retired peer-educator from another village had this to comment.

*People of this community have for long, built a tendency of trusting the new comers too much. You know this sometimes might cross the border, because some of these new comers might start looking for sexual partners even though the community has not known them for long and it is very easy for those approached to respond willingly on their requests and ready for anything” (NOR-PE/VB-28/F-30)*

Relating her experiences with those of former others above, another informant, a local representative of an organization working in this community on issues of orphanage and HIV/AIDS, agreed with the idea of outsiders being trusted. However, she relates the phenomena to both illiteracy and poverty, reflected on her final remark about volunteerism already discussed in previous themes.

*Nevertheless, the situation in which we are working in is difficult; they see us the same people everyday, “ isn’t this Mrs....B?, the mother of ..C., who comes here every time?. Aaaahhhh, isn’t this the mother of someone..(Her child’s name mentioned). You know all of these happen, because people are less educated. Thinking that, “this particular individual doesn’t have anything important to do, the reason why she is walking around the village”! Or may be, she has money to employ the casual workers in her farms, may be she is doing this and that, the reasons she like to do these activities etc. These people do not like volunteering activities very much, unless something is out of it” (NOR/VB-21/F48)*

#### **4.2.5.3 Need for emphasis on parents empowerment and motivation**

Parents need to be empowered for them to be able to communicate with their children about sexuality issues effectively. This was a suggestion from one of the community village leaders.

*However, parents also would need to be advised, through providing them with some seminars for them to be effective when they would attempt talking to their children at homes. Through this way, youth would appreciate saying, Uhh, so what we have been taught through Afya Kwa Vijana is allover the same like what our parents also want us to be doing! This could have been better. (VADM/VB-27/M-56)*

## Chapter 5

### 5. Discussion

Besides the promising “*process impacts*” of the program implementation, the process could not be done without drawbacks that attract attention for discussion. “*Knowledge and practice*” have emerged as two closely linked phenomena from respondents’ point of views. “*Program delivery*”, which accounts for discussion on its reach among others have been also, experienced variably presenting issues ranging from; ideal to satisfactory delivery schedules and questionable implementers’ performances and successes respectively.

Moreover, issues on “*program integration into schools curricular and or environment*” have significantly manifested into number of challenges ranging from organizational, behavioral and influences of interactionism between schools’ society and the general community. Further, in the *community*, the similar phenomenon has been experienced deeply influenced by organizational and socio-economical issues including, locals’ culture, illiteracy, and poverty, without forgetting epistemological issues related to program adoption. “*Youths organizing*” has proven similarly challenging, though was accomplished with some promising impacts

through which we can learn for feature improvements. Likewise, general “*community involvement and motivation*” came to be realized as an issue that would need further efforts and special emphasis if youths organizing through education as general goal is to be reached. On this aspect, issues such as parents’ controversial parenting styles over their adolescents’ sexual behaviors are attracting great deal of attention for discussion. Lastly, we have lessons learned on how best we can “*improve sex education among youth*” through organizing the probable difficult group, the youths and the general community.

### **5.1 Sex education; an overview**

The primer for rapport building with study respondents was a theme sought to elicit a debate surrounding the introduction of sex education to both primary schools adolescents and out of school youths. Essentially, this procedure aimed to provide an impetus to the process of data generation on sexuality communication phenomenon through, individual adolescents, schoolteachers, and parents. Nevertheless, sex education is not just about sex," says Hally Mahler, a trainer at Family Health International (FHI), who has facilitated sessions on sex education for teachers, guidance counselors, parents and youth in Asia, Africa and Latin America.

### **5.2 Knowledge and practice discourse over adolescents’ sexuality**

Besides feelings of other youths’ program stakeholders, having perceived for example that some adolescents are too young and that teaching sexuality could lead to either initiation or increased sexual activities among youths; virtually all studies conclude that sex-education neither does lead to early nor increased sexual activities<sup>(80;81)</sup>. Teachers are highly concerned over the fact that, students still under their guidance could be highly knowledgeable about sex issues. Through such fears, instead, others suggest that, only potentially outgoing graduates (seventh graders) deserve/would need alternative for abstinence when in the community. Such ideas illuminate the fact that, most teachers probably either consider most of their students’ sexuality unspoiled or rather assume silent parenting roles of protecting their adolescents through not wanting to know what is happening in their adolescents’ sexual lives. In this case, they would pretend that nothing is going on, as ever found by a study of “cross-generation on sexuality between parents and adolescents”,<sup>(82)</sup> which postulated that parents could not handle the direct communication and being aware of their adolescents’ sexualities.

The contradictory findings from this study pose challenges to all researchers and other advocates for communities’ health promotion on the applicability of the scientifically approved

results of their studies to influence the knowledge and people's practices in local societies. This is because, to locals, adolescents' knowledge of sex related issues is still closely linked to either early or increased practice of sex among adolescents. Such observed challenges have also been documented by several researchers who link the phenomena to, lacking efforts to disseminate and encourage adoption of research-knowledge translation.<sup>(83;84)</sup> In this case, it is obvious that research results are not consistently being integrated into real practice that could possibly be covering areas such as, practices of health professionals, policy-making, and reinforcing through underlining the strategies to implement such policies.

Although the linkage of knowledge to practice in the paragraph above has been linked to fear of unfamiliar and controversies to the societal conventions in other researches,<sup>(42)</sup> I would differ in conception of such ideas as to why trained program implementers would incompletely implement and or drop out some program components. I would call it, "*individual's obedience to their consciences*". The phenomenon could partly be accounted for as potential limitations of trainings and resources that resulted into some implementers lacking motivation to implement the program and thus cut its reach and/or process effectiveness. As such, some program implementers of this study, thought that some of the learning materials-aids designed for school adolescents were "too-detailed" and therefore decided to not to deliver as planned. Similarly, to the above phenomenon; some after school youth peer-educators for the reproductive health program, could not talk about condom issues in certain settings e.g. religious settings, an influence of their denominational affiliations.

Another area of argument emerging from study results has been on decision of what messages and or content of the curriculum to guide the program delivery to students; the fact that has also been proved to cause conflicts and polarization in many other communities,<sup>(85)</sup> including the one from where this study is based. These messages perceived as confusing, range widely: e.g. remain abstinent until emotionally and developmentally ready for sex; remain abstinent until marriage; remain abstinent but be informed about contraception and disease prevention; and use that information to effectively protect-self against disease and unwanted pregnancy.<sup>(86)</sup> Similarly, as such, some of the respondents for this study thought that regardless of the fact that, the targeted groups of adolescents could be sharing the relatively similar experiences, and/or group roles, others among them, are thought to be generally immature. Preferably, to others, e.g. in this study, the latter group is considered unspoiled and should therefore be preserved. Argumentatively, the locals' opinions reflect exalts of traditional sex



education messages that have for centuries, been targeting one of the two groups: namely “sexually-active” and “sexually-inactive” adolescents. Some respondents in this study correlated such thoughts as, reflections over lacking know how on how sex education function to influence the behaviors of both sexually active and sexually inactive youths.

Female informants in particular, for this study, through reported speeches and direct encounters, have also demonstrated behaviors against what I would call “openness over sexuality issues”. Historically, African mothers’ roles in children upbringing is sounder than fathers could, because, the former spend much time with families than the latter. In this case, women’s role in protecting sexuality has been traditional sort of. In this case, women have been viewed by society as symbol of moral behavior when it comes to demonstrating sexuality behaviors publicly. One of the youth male informants in this study explained as to why their fellow female peer educators have been seemingly weak to demonstrate their knowledge and rarely bare the weight of such demonstrations. He said *“In other cases, for example with this sister here, they would see her as weak, because even if she is an educator like me, if she ends up answering the sexuality questions properly, males would say, ohooo!!!, this girl must be a prostitute; how comes she could narrate these issues in such a perfect manner!”,* (OSL-25/R1). This phenomenon could easily be the basis of “male dominance” over sexuality issues in traditional African societies. On the other side, the observed weakness could be traced back during our grand parents’ times when girls were being initiated (through cultural doctrines) to be obedient to their husbands/men when married.

### **5.3 Process impacts of sex education on HIV and AIDS**

There is no single model of school-based HIV and AIDS education appropriate for every country, calling for different responses in different situations. As already mentioned in other parts of this document, it is universally clear that schools are in positions to change young peoples’ attitudes and behaviors and that if this potential is harnessed successfully, the impact of AIDS epidemic can successfully be reduced. Outside schools, parents and all other adults do agree and support youth being equipped with information necessary for their destined decisions on sexual and reproductive health issues, because of the growing trend of HIV and AIDS impact in their communities. This is so because, to date, no single family could prove to have not been affected by HIV and AIDS anyhow. In this case, different communities, some of which are local and others international have been adopting different strategies towards these efforts.

This program had employed comprehensive sexuality education that provided for extra opportunities for youths development. This is because, where as over 80% abstinence-only education curricular have been proved containing false or misleading information in US; <sup>(87;88)</sup> in Africa and other parts of the world, the strategy has also been found inadequate and somehow supporting existed traditional sex education. Nevertheless, the approach, further denies adolescents of alternatives that would help them protect self against unwanted pregnancies, STIs, HIV and AIDS, through ignoring the fact that adolescents do have sex. Where as adolescents in day schools can only be organized on temporal bases because they return into their communities after schools day over; sex education among after schools adolescents have proved to result into robust unity and tranquility among youths, viewed as necessary step towards collective healthy movements.

However, among students, the demonstrated learning process that started from students gaining confidence and freedoms of expressions possibly improved their relationships with their teachers. As such, improved learning abilities through self-initiativeness, students' understandabilities, and curiosity for fresh knowledge have been the impacts that could generally have influenced students' knowledge, skills, and behaviors. Besides the fact that schools' curricular for the targeted grades contain the content on sexual and reproductive health education; however, with such, robust program process outcomes, the program guide for teaching comprehensive sexuality education in these schools has presented challenges over the traditional teaching methods in use; which nevertheless, are beyond the scope of this study to discuss.

Equally productive, the observed changes among students, as brought about by this program are the stem cells for the ultimate required change and maintenance of healthy sexual and reproductive health, including determined struggle against the HIV and AIDS pandemic. Therefore, to prove, the program graduates has seemingly been program role models both in school environments and in the community. In schools, already other students were reported to be calmer and to the general community, it is virtuously clear that the pull of knowledge on "sexual and reproductive health" had been created among youths. As such, the reported decreased amounts of sexual contacts among school adolescents as well as change and or improvement of social environment and out of school youths' sexual behaviors are both the promising processes.

### 5.3.1 Enlivened communication on sexuality issues; the emerging concerns

Parents, respondents in this study seem to agree that discussion/communication over sexuality issues is challenging. They are also reported to be traditionally shy, ill prepared and embarrassed to discuss sexuality issues with their teenagers. This study reveals that defective communication is exacerbated by inadequate information on sexuality issues (knowledge deficit) and/or technicalities of how to embark on this relatively new task, long after traditional initiations on sexual lives of young people by grandparents had been abandoned through criticism by new generation, the fact which has been also supported by other researchers e.g. Jordan.<sup>(89)</sup>

Virtually, elders have been and still are most respected population in any society because of the lengthy time they could have lived in any community. Through this respect, they also do have influences on existing traditions, culture, and customs of people. In African modern societies though, and been reflected through this study; elders are considered the most conservative population and difficult to change compared to parents of the new generation. In an innovation adoption theory, they constitute the least educated, especially in African society, as such explaining the reason as to why they fall into traditional laggards' category.

The history of peer-hood stems from traditional practices in the past, and continues enduring today through new generations, relatively ruled by adults minority compared to majority young people. This, an old African cultural influence and relatively new phenomenon, hardly available in literature has been viewed as an obstacle in youth-parents communication about sexuality issues. This is because through elders' strong influence on societal propensities, the concept of peer-hood and status has been extolled, especially in communication aspects; where only peers could communicate about sensitive and relatively most other issues and at least opportunity admit for the parties' understanding each other.

Nevertheless, further on this discussion; this program has proved that, the efforts towards involving parents and other community members into these programs can motivate the community and specifically parents to change and be able to communicate sexuality information they find traditionally embarrassing, to their youths. With enough time-resource invested into it, this opportunity would provide an invaluable support on efforts to allow youths acquire, utilize, and propagate skills that are raw materials for maintenance of sexual and reproductive health behaviors as close as from their own families. We are such hopeful, for

these to happen because of the so demonstrated/emerged self-motivated social health groups and or movements geared towards making the community members understand the program agenda, continued readiness for the program and current states of general program acceptance.

#### **5.4 Program integration into the community's agenda**

The youth peer educators, who were the main implementers in this program have demonstrated their confidence and gained support from other informants for both performances and activities, besides some perceptions of problems in delivery schedules as indicated for in school program. As such, the likelihood of program's reach over the majority-targeted group of individuals was promising regardless of experienced imperfections that rendered some youth groups difficult to reach. Integrating health promotion programs' contents into existing community structures is a challenging task to fulfill and has proved needy of resources and time investment in planning and execution. This is because, in broad sense, it refers to encompass issues of program duration directly proportional to the likelihood for sustainability of the program itself.

##### **5.4.1 Improving schools' environment and curricula**

Schools have proven to be the relatively respected and trustworthy social institutions in local communities, as such; the opportunities for these interventions are enhanced. Despite of the class teaching being traditional instructional and learning method in most of the developing countries' schools; sexual, and reproductive health programs delivery has proved needy of extra instructional methods for students' exploration of own values and attitudes that would enable them acquire personal skills they need to maintain health behaviors. In planning for schools' sexual health promoting programs, other researchers postulate that curricular should contain the basic content and/or requirement for adolescents' reproductive health programs such as; skills building, age and developmental appropriates and trials to place the curricular content with schools' curricular. <sup>(90)</sup>

Even though, integration process has proved challenging, faced by factors, some of which are out of abilities of these programs to resolve. Some of the experienced problems in this study were such as; poorly staffed schools in rural communities in the developing world like Tanzania and generally, low understandabilities of sexuality issues by teachers, stemming from the primary environments from where these teachers have been brought up. Such deficits have been

found also contributing to differential<sup>11</sup> understandabilities of these programs as one example. In order to solve such problems, we cannot rely on temporal basis trainings of schoolteachers for example over reasons of wanting them to support the short-term programs in their working schools. In so doing, we cannot be proud of whatsoever kind of positive impact our program could have resulted. We would need to think over strategies that last to accomplish our motives.

Further, the integration process has been equally challenging strategy for these programs, as the decisions to integrate these curricular into the schools teaching curricular and/or ordinary timetables lies between different authorities in some countries i.e. health and education ministries in Tanzania. The difficulty has been experienced to result into ambiguities in program delivery timetabling issues that easily resulted into programs' delivery lacking priorities and/or restraining of deliveries by other people in charge of these schools. Such deficits have influenced the implementation of this program, and would need consideration in re-planning of this or other programs. In addressing such challenges, researching coalition-strengthening between such higher authorities in these countries, which however; suffer much from lacking effective policies<sup>(91-93)</sup> that could advocate for similar programs beneficiaries' concerns, is inevitable. In this case, health promotion field need to develop such coalitions if scientifically proved findings are to be disseminated properly and ultimately gain use in actual practice.

#### **5.4.1.1 Influences of interaction between school and the general society**

Although schools are somehow somewhat independent social institutions, their placement in the local communities in Tanzania signifies the fact that they are not isolated entities, rather parts of the social systems in which they are placed. In this case, schools interactionism with societies within where they are placed could impart significant influence on all other processes going on in such schools. This is because, for example, in Tanzania, these local communities have obligations to build their schools, government provides for teachers, teaching and learning materials aids afterwards.

The experiences from this study reveal issues of intergenerational sex that involves school adolescents with mature adults in the community. The environment in which youths are brought

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<sup>11</sup> **Differential** understandability refers to differed reflections people have on the program base on the factors mentioned in the literature above.

up invites for such happenings e.g., situation where female adolescents would help their mothers in selling local brews. In situations where the consumers are usually mature men, can these young females resist such enticing environments if their parents cannot provide for their needs sufficiently? In some instances though, even if these adolescents are not directly involved into such activities, local brews are sold at family homes. Similarly, adolescents are forced to work for payments after school hours all of which stems from community and parents' incapability to provide for their youths' essentials and needs. As such, issues of child labor, child marriage, and or sexual exploitation are inevitable and seemingly reliable alternative for survival when other efforts are not fruitful. All these are to be considered when planning for integration of program agenda into schools' environment because; the influences imposed by such community processes on school adolescents are unbearable and counterproductive.

#### **5.4.2 Modifying community's existing structures for program integration**

Programs working to promote health in poor communities of developing world, face challenges resulting from poverty; as it is revealed that, these programs' demanding of communities' high levels of volunteerism for program implementation does not materialize to the expectations of program planners; even with involvement of community itself in planning. This study has also revealed that, later views, (after these programs have existed in the community) over such programs, somehow differ from initial agreements and/or consensus among either professionals' or locals program innovators. Participants would eventually expect benefiting somehow, anyhow to support for their lives and/or at least get the resources they use in the process returned, for them to continue volunteering for services. This is especially true for health promoting programs whose concerns are somehow preventive over distantly felt problems, such as issues concerning HIV and AIDS.

Besides, though, involvement of community e.g. youth themselves, parents, administrators, and religious leaders in youth health development programs is an inevitable processes if institutalization is to be achieved. Other researchers have also documented needs for the program's curriculum and identified that preferably, it should include information on human development, reproductive anatomy, relationships, personal skills, sexual behavior and health, and gender roles.<sup>(94)</sup> Further, these programs often employ peer-based approaches and media activities to reach more people. A characteristic of programs that appears critical to success is "an interactive and experiential learning environment where young people can comfortably and safely explore issues and concerns and develop skills to practice safer sexual behavior.

Integration of health promotion programs into existing community structures to become their owned agenda has been experienced influenced by factors stemming from four-giants namely; poverty, illiteracy, culture of people of certain area and adoption process involved in program agenda taking up. As such, individual factors are functions of more than one giant above, further making the process complicated than ever spelt in health promotion within communities' literature. To make it clear, I would like the reader to consider the table below, over mentioned four main factors that have been identified as influencing the program integration process and how they share the functional thematic issues under each:

MAIN FACTORS	FUNCTIONAL ISSUES INFLUENCING THE MAIN FACTORS
<b>Program adoption process</b>	<ul style="list-style-type: none"> <li>-Differential understanding of program objectives/aim</li> <li>-Difficulties in youths' organizing</li> <li>-Rejection and/or discontinuance of some program's instructions/delivery strategies</li> <li>-Elderly and conservativeness against change</li> <li>-Short program duration</li> </ul>
<b>Influences of Poverty</b>	<ul style="list-style-type: none"> <li>- Differential understanding of program objectives</li> <li>- Difficulties of youths' organizing</li> <li>- Community incapacity to provide for school meals in full range</li> </ul>
<b>Influences of illiteracy</b>	<ul style="list-style-type: none"> <li>- Differential understanding of program objectives</li> <li>- Difficulties of youths' organizing</li> <li>- Defective communication on sexuality issues between youths and their parents</li> <li>- Elderly and conservativeness against change</li> </ul>
<b>Influences of culture and traditions</b>	<ul style="list-style-type: none"> <li>- Elderly and conservativeness against change</li> <li>- Difficulties of youths' organizing</li> <li>- Defective communication on sexuality issues between youths and their parents</li> <li>- Rejection and/or discontinuance of some program's instructions/delivery strategies</li> </ul>

**Table VI;** *Factors that influence program integration into the community agenda and the functional relationship to each other*

Because, program integration is an ultimate objective for community-based health promotion agenda, existence of such complicated phenomena is a throbbing headache that would need the program planners to carefully, work with the community to provide for opportunities through where the process could be accomplished easily.

#### **5.4.3 Program's duration and sustainability**



Besides the demonstrated general program acceptance that could have resulted into changing people's previous perceptions of the world around them, motivation and sense of program ownership; the community members interviewed, clearly indicated their concerns and doubtfulness over this program ending its activities so soon. To them, the issue of sustainability was not yet due because the fruitful part of the program through community-wide acknowledgement and possible collective movements were just starting to reveal; somehow, relatively long after planned programs' implementation duration was over.

It is postulated that Many programs see funds withdrawn before activities have reached full fruition.<sup>(95)</sup> Under such circumstances, and has been experienced in this study; we would find actual indicators such as, the ongoing need of the program in this community. The local implementers' experiences from this study reveal that, the goals for program implementation have not been reached and that, community organizational issues were just starting to take significant stances. The observed process phenomenal such as emergences of social health movements and/or groups that would need program's active presence, for these movements to start enduring and propel further the program activities, are some of the examples. Such efforts in the community are significantly necessary movements towards program sustainability and cannot be ignored. At these moments as well, it is definitely true that, the community would need program's support and pioneering. These challenges invites for researchers', health promotion programs funders, and all other community health promotion pioneers', reviewing of programs' durations in their communities in order to meet the needs of those who are served. However, such ideas are being challenged by the fact that this era has been of such limited resources for health promotion activities, even though researchers and funders would still have high expectations of what could be achieved. In this case, sustainability would remain definitely a familiar catch-cry.<sup>(96)</sup>

Scheirer's review of 19 studies that were federal funded had examined the factors associated with program sustainability and found; modifiability of these programs at community levels to fit local needs and use of volunteers for service delivery among others; most of which could specifically be resulted from individual programs' evaluation data.<sup>(97)</sup> However, though supporting the ideas of other researchers, I would argue that modifiability of a program would depend much on community's capacity to manage such complicated processes. It is likely possible, if program has tangible structures in the community that could easily be modified. This is to say, such efforts are dragged back for example by relatively rigid researching program



designs and/or theories/hypotheses against, or for which the intervention would want to prove or nullify.

Moreover, the process has been made complicated due to lacking consensus about the precise explanation of what sustainability reflects. It has no single or universally accepted boarder; like truth and justice, it is not only easily captured in a concise definition but also described differently by individuals.<sup>(95;96;98)</sup> Community health promotion having different typological levels of organizing, such as; individuals, organizational, community actions and /or institutional changes,<sup>(15)</sup> imposes further challenges to researchers and health promotion planners upon process evaluations of sustainability issues. Community members' views over programs' sustainability might also differ significantly with what other professional programs' planners and/or implementers would consider sustainable. Bracht's clarification of what sustainability is, as "an ability of a program to continue on its own delivering activities and benefits after external assistance ends"<sup>(15)</sup> would match the needs of community on discussion. Moreover, generally, with all other varieties of perceptions as explained above, everybody would agree with the fact that reoccurring of the problem that was being addressed by the program is counter productivity to any health-promoting program.

### **5.5 Improving sex education among adolescents; the lessons learned**

Youths and the general community organizing are terms for working with the community through their involvement in planning, execution of agreed up activities through specific strategies, and later on an integration process of health promotion programs should be allowed to take their chances into community's own agenda as already discussed above. We have learned that communities' preferences differ, as to whom they would trust addressing issues of importance to them. Improving sex education through adolescents reproductive health interventions "must be a priority if the next generation is to be decimated by HIV and AIDS."<sup>(99)</sup> Various strategies have been on discussion for the improvement to occur. Moreover, researchers worldwide do work days and nights to configure the appropriateness through which this goal can be archived. This program is partly playing similar role to contribute towards pool of knowledge on how best such improvement could be attained.

As such, this community would prefer seeing outsiders,<sup>12</sup> rather than fellow locals motivating them, an opportunity for programs to be introduced well in these communities, but a significant draw back for sustainability of these programs. Could illiteracy be playing part in such preferences? This is likely, but not without influence of poverty inclusively, an arena through which poverty and illiteracy are seemingly interconnected.

Reviewed sex education programs by Dr. Douglas Kirby, an analyst for Education Training and Research Associates (ETR), a U.S.-based educational research company, found 10 common elements of the most effective programs.<sup>(100;101)</sup> Contrary to the traditional sex education, sex education researchers suggest that, messages could be tailored to address four groups instead: those who do not anticipate having sex in the next year (delayers), those who anticipate initiating sex in the next year (anticipators), those who have had one sexual partner (singles), and those who have had two or more partners (multiples).<sup>(100;101)</sup> However, such visioning of the groups of adolescents is rather speculative than practical, as it is difficult to categorize the individuals as such. In this case, collective, comprehensive and age appropriate sex education is still viewed reliable strategy towards addressing risky sexual behaviors of adolescents, rather than relying on phenomenal judgments of whether some of these young adults deserve this education or not. Other strategies identified by this study are such as;

#### **5.5.1 Youths' involvement and participation**

This program has experienced challenges based on youths training, organization, and collective actions, all together which have also been observed to be under constant influences of adolescents' peer-hood and status, rising out of struggle for power sharing and autonomy within youth groups. Besides, reproductive health programs for young people are said to be relatively new, although growing practice of youth development, live alone the fact that, involving youth into active roles in these programs is even newer and have proved challenging to traditional program planners.<sup>(102)</sup>

Under such situations, it is again challenging to the program planners to overcome the issues of engaging and sustaining the youth participants into the program. This program has proven this even more difficult after it has found that the status of adolescence has been altered through

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<sup>12</sup> An **outsider** in this case is considered anybody who is not a member of certain community; he/she does not primarily share values, customs, traditions, and other propensities existing in a particular community.

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their focus on adulthood roles. As a result, adolescent girls are married as early as they graduate from primary schools (ages 13-15) rendering their availability difficult to engage into these programs as unmarried adolescents. Moreover, those found available are again greatly overwhelmed by gender roles that submit women to men. In these cases, these young girls are forced to undertake their mothers' family roles as part of training for motherhood, despite of the fact that, traditionally, the society also expects them to be obedient to family rules compared to adolescent boys who are brought up differently.

Youth peer-leaders in this study, experienced difficulties in engaging their female counterparts into the program's implementation activities, some reporting home endeavors to be reason for such experienced elusiveness. Could these reasons have contributed to female youth peer educators dropping out sooner or later after most of them had completed their trainings, and unsatisfactory participation of female adolescent into the program?. Possibly sensible to be, in addition to social roles women play when it comes to discussing sexuality issues, as discussed in other sections above.

Adolescent boys were reported having more ability to make independent decisions compared to girls; the reasons why most of them could participate into the program activities. This discrepancy invites researchers and other people to work with the community, especially parents; if the equal opportunity is to be achieved, for adolescents to reach their destined decisions about their well- being out of ever challenging phase of life.

Problems of engaging and sustaining youths into these programs could be tempting to take this discussion back to program duration already addressed if goals are to be reached. This is because; this program has proven that despite of trainings that were provided to the youth-implementers and adult supporters of the program in the community, it was equally challenging that youths couldn't easily understand the structure and functionalities that invited their involvement into these programs as soon as program was introduced into the community. This has been viewed as influences of their families' ties, and other socio-economical factors such as; poverty, male dominance over sexuality issues in traditional societies, illiteracy, defective<sup>13</sup> communication between parents and their children over sexuality issues etc. Inherit from above factors are high turnover and attrition of youth groups and individuals through growing out of

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<sup>13</sup> **Defective** communication reflects faulty, broken, and/or improperly functioning type of communication.

age ranges, high mobility geared towards other phases of life and careers, rendering tenures relatively short.

In youths organizing, application of strategies that are appealing to youth has seemingly brought very big impact on this program implementation process. This program had involved youths in designing for own ways of delivering the program among other youths majority through strategies that attracted their peers. As such, “EduSporting”, “social marketing of condoms” and “appealable learning materials aids” such as brochures; had caught youths’ attention to the program and likely provided for alternatives from where individuals could choose, where to go or what to take. EduSporting has been an innovative strategy in where, through sporting activities, education sessions were integrated and at the same time, the participants had enough time to relax afterwards through varying games ranging from football, netball, athletic running, etc. Moreover, periodically, youths had opportunities to get together in well-organized youth congregations through where; they learned from each other groups’ experiences from other community settings.

#### **5.5.2 Planning for the altered status of adolescents in poor communities**

Adolescence being a transition period within childhood, individuals are eligible for, and should be receiving rights all other children and adolescents deserve, worldwide. According to convention for the rights of child and adolescents adopted in 1989 and came into force in 1990;<sup>(103)</sup> these rights are such as, opportunity to develop to their full potentials, access to education to their capacities, protection from early child bearing, freedom from all forms of child exploitation etc. Contrarily, in this community, regardless of the fact that they are relatively younger compared to their counterparts after school youths; school adolescents were reported being forced to work to support for some of their basic needs. Girls, in particular in addition to the fact that they are considered weaker of the group, are however prone to more dangerous ways of looking for such life alternatives.

On the other side, older youths who manage to graduate from primary schools elsewhere are therefore, prematurely thrown to start independent lives later or sooner in these poor communities for both self and their families supporting purposes. All these have been contributing towards difficulties faced by program implementers and/or planners in involving youths and youth’s participation into these programs. Either virtually, plans to work with adolescents through participatory approaches or otherwise, rarely considers the fact that, we are

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potentially working with younger groups of people, however, with adult roles that could easily alter the ways in which they view their surroundings.

### **5.5.3 Parents involvement in youths' health development programs**

As already noted above, youths' health development programs are commonly implemented through partnership between youths and parents (adults) for effective skills development, knowledge building, and reduction of exposure to risks associated with sexuality. This could be easily accomplished task because, it has been observed also that, many parents dread the onset of adolescence, fearing that their children will become hostile and rebellious and begin to reject their families.

Although concept of youth involvement is quickly, gaining acclamation for being result-oriented and very effective, it is still faced by conservativeness and attitudes of well-oriented adults that compromise the good intention of youths' participation. In this case, community involvement into youth health programs, invites for trainings not only necessary for youth, but also for adults. The messages should be tailored to neutralize fear and biases possessed by traditional adults in working with young people through roles, power, and authority sharing between the groups.<sup>(102)</sup> The parental awesomeness over adolescents' sexual behaviors has been observed resulting into kind of controversial (demandingness) versus responsiveness parenting style to youth. As such, youths feel being refrained from decisions making freedom, the process through which most of these young adults would wish to gain their life potentials. This kind of bickering conflict has led some adolescents naming their parents' behaviors as those of ancient-civilization<sup>14</sup>.

Moreover, parents' dreadfulness has been experienced from this program resulted into rejection of some program delivery strategies and/or instructions designed, agreed upon, and well appreciated by youth individuals and/or groups as appropriate. Nevertheless, viewing this epistemologically, in the process of an innovation adoption, such discontinuances could well be in the program adoption process and only needs minor correction and being aware of its happening. This concept is well discussed below in the theoretical perspective section below.

### **5.5.4 Working with community leaders**

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<sup>14</sup> Ancient-civilization is referred to as; having what these youths considered outdated thoughts.

One helpful way to earn trust of a community, learn the protocols within the tribes, create community ownership; and also has been identified as an important intermediate objective of community health education/promotion programs,<sup>(104)</sup> is to identify and work with community leaders. Through this evaluated program, the procedural identification of who to work with; i.e. talking to the community, reaching out the leaders, opinions preparations, holding meetings, following up of directives and recognitions; the coalitions were identified for social fabric strengthening. Community ownership being pursued as sense of responsibility for and control over programs promoting change and continued supporting of programs after initial organization efforts<sup>(29)</sup>; it stems from a broader concept of empowerment and competence in the community organization literature.<sup>(15;105;106)</sup>

This study has also proved that, through working with community leaders; health promotion programs at community levels could find themselves immensely absorbed into other community processes that might render the programs ineffective. Community leadership styles and conflicts have proved to be such processes. This is because, sometimes, during the process of identifying leaders to work with, these programs have no choice from colliding with some of these leaders whose leaderships' influences to the community comes to manifest later into the program functionalities. This provides us with clue on cautions researchers and program planners should consider when entering the communities, the process through which, contact with local leaders is though imperative. It has proved equally challenging, in the process of communicating with community members in an effort to identify significant leadership coalitions<sup>(107)</sup> as those welcome the program planners in the community would still have influence anyhow on the follow-ups to be taken before the program could orient itself with the community processes. In this case, process evaluation and close monitoring of the program would again prove invaluable into correcting arising inadequacies over program implementation and ownership/control.

### **5.6 Emerging theoretical perspective; an implication to the program**

Change is an incremental process, through which neither of the social systems can undergo overnight. In practical life, it is rather intrinsic than this. In this case, it is postulated that,

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mainly through refreezing<sup>15</sup> of ideas, successfully implemented program will pave way for more change robust culture in which continuous improvement becomes normal phenomenon.

The new millennia researchers, through their current reviews on past theorists works such as; Rothman's sociology of organization (1968;1974), Roger's diffusion of innovation perspectives (1983), Bandura's social learning theory (1977), Di Clemente and Prochaska's stages of change (1984) etc; do agree that, "There is no one right or best".<sup>(108)</sup> Directing some of their discussions over Roger's points of views, these researchers also agree that new ideas are somewhat diffused and adopted through relatively orderly five stages; clearly narrated in theory of stages of change and closely linked to similar processes in the theory of diffusion innovation. Conclusively, those who have ever worked somehow on these two related theories agree that, "not everybody or other parts of social systems moves through the process at the same time; as transition between the phases are significantly influenced by other processes clearly identified in transtheoretical model of change.

An attraction to discuss these two closely linked theories in relation to this study's results comes because of community organizing process employed in this program and the emergence of themes distinctively indicative of marked change processes, typically functioning parts in these theories.

Through his recent discussion of his theory's complex adaptive systems; Rogers still defines "diffusion" as a process by which an *innovation* is *communicated* through certain channels over *time* among members of the *social system*.<sup>(109)</sup> Through his views over the active components of his definition, adopters of an innovation have been identified falling into five groups of; venturesome, moderate risk takers, majority skepticals, late majority and the traditional laggards. "You know when anything new comes; the initial respondents are usually few. In that case, when the *afya Kwa Vijana* project came, the youths who approved it first were few as well" (OSL-25/R5) one of the informants for this study said. Though neither knowledgeable of the discussion about these theories nor their existence in field of health promotion, one of the adolescent respondent's observations (illuminated above) survived to reach this study.

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<sup>15</sup> **Refreezing** here reflects internalizing new concepts, meanings, and standards by incorporating into self-concept and identity and into ongoing relationships and groups through other phases of adoption process.

Such ideas are significantly segment of theory of diffusion innovation; if can be linked to other eventual sequel experienced during the implementation of health promotion programs. Initial “differential understanding of the program objectives”, rejection and discontinuance of some program delivery strategies and/or instructions”, “perceived short program duration”, and “relatively, after-implementation, emergence of social health movements that needed program mentorship”; probably indicated the presence of various individuals and/or groups (social systems) in the program adoption process. The recognition of these groups of adopters of program’s instructions in the community, clearly indicate need for the program planners and/or implementers to reconsider their plans, fit for each group’s smooth adoption of the program. Possibly, such re-planning could as well bring impacts on program’s delivery strategies and duration. Nevertheless, it has been proved that, no one program has ever been adopted and/or supported fully, as long as traditional laggards exist and tend to remain opposers besides being difficult to change.

### **5.7 Study Limitations, Delimitations and Reflexivity**

This study collected the required information mainly from key-AKV program role players and not from all other kind of program consumers due to both budgetary and time constraints the fact, which could have limited the scope of this study’s findings. Again, it was not the intension of this study to evaluate for program input (information on resources that were allocated for the program) from material and/or time consumption.

The major potential confounder to the results of this study was the fact that, the investigator for this study had been part of the program’s intervention team. However, self-recognition of the impact of investigator’s past knowledge and background (reflexivity) on this evaluation study lead to plan to contain the situation through use of another qualified researcher as an assistant during data collection i.e. at least in facilitating focus group discussions, crucial for maintenance of study trustworthiness. Moreover, this recognition and awareness eliminated the danger of investigator’s favorite ideas acting as blinkers to other possibilities arising from the data. As such, the analytical strategy used in this study also functioned well to eliminate the possibilities of bias in explication process, in which; the most important final point is how the experienced phenomena could have influenced the program’s implementation process, important to the program’s final outcomes.



## **Chapter 6**

### **6. Conclusions And Implications to the program**

Adolescents preferences in talking about sex, as also experienced from this program is because of influences of both hormonal and the surrounding environment that, these days displays sexual matters through different vicious ways though age appealing to adolescents than ever before. Lacking knowledge of these and other related facts to the community and particularly parents would continue predisposing this group not having their needs met and or considered. General program acceptance and readiness for the ongoing actions, by adolescents and relatively by all others stakeholders in this community has been an acknowledged one step forward towards community health promotion agenda; as it provides us with the clues necessary as add-ups in an arena where cultural appropriate strategies for health promotion could be referred from to similar communities.

Schools' environments' harnessing to suit the needs of adolescents' sexual and reproductive health information remains the only hope for early sexuality education; before parents could be empowered to embark on their primary responsibility, having been

renounced for quite sometimes now. However, these efforts are facing one challenge that would need deliberative exertions to solve.

Schools have been targeted because of their relatively reliable labor, somehow skilled and most important of all is the potentialities for empowerment of the readily available staff. This task has not been worked upon satisfactorily. In this case, schools' harnessing process for programs integration would need changing social structure that could be relied upon to provide sexual and reproductive health education on rather sustainable basis. Under normal circumstance, for example; programs planners would expect teachers they train on temporary basis for programs delivery, to be the venturesomes for program adoption; the fact revealed not to be the total case in this study. This is because, the motivations temporarily brought by trainings contradict individuals' organic consciences because of the background these individuals have, and traceable back to their teen ages, robust of cultural and traditional influences. Under these situations, applicability of scientifically researched and successful efforts in community organizing towards improving adolescents' sexual reproductive health and behaviors is threatened by lacking practical affirmation from locals who are the final consumers. In this case, it high time to start thinking on how teachers can be empowered in relatively permanent bases for them to start providing sexual and reproductive health education to school adolescents. Probably public health is generally not prepared for this as immediate as it could. However, through researching power, we can start collaborating with other organizations responsible for teachers' primary training to institute what evidence we, as researchers have, and which could bring about the changes we want in our schools.

Youth is the biggest and only group capable of making significant progress towards rolling-back the pandemic HIV and AIDS from in communities they live. However, the relatively new strategy to involve youths in their own programs as active participants and/or implementers is still facing practical lack of experience as how to do it in better way. Multiple identified factors are influencing these efforts. Age related challenges such as; struggle for independence, power sharing among themselves and also between their parents; Poverty driven challenges such as; youths' high mobility scales, child labor, early adolescent girl marriages; and societal compelled unrealized of youths' sexual needs; are only few examples of factors that pose challenges over youths involvement and participation into these programs. Further studies are therefore needed to bring about the

experiences that could be tested elsewhere on how to organize this group of individuals; the strategy, which we believe to be the best for youths' own struggle towards acknowledging the communities of their needs.

This study seems to indicate that parenting style, personal attitude, and levels of exposures of parents to adolescents' sexuality information; are the key factors in adolescents-parents communication on sexuality issues. This has been viewed important because, family level communicability could be the basis for the improved youths' sexual and reproductive health information if so made. This is because, parents not only do agree to communicate with their teenagers but also admit to face difficulties in the process. Moreover, through, their parenting styles, somehow perceived by youths as uncomfortable and unfriendly in handling youths' needs in sexuality communication; as such, parents also admit lacking skills for effective communication.

In this case, more efforts that are deliberate need to be directed towards motivating and empowering parents as one strategy among others, for sustainable adolescents' healthy sexual behaviors. Through these efforts, the identified forces of peer-hood and status that hinder communication between people and/or groups of different peers and/or status in a traditional society could be addressed at the same time. In fact, this study also reveals that the existing efforts to empower youth are being challenged by poverty facing the families and individuals in developing world's societies. In this case again, the need to invest in parents' empowerment could be the best alternative for continued efforts towards programs' long-term sustainability. One of the efforts proved to be working well in this case, is working with community leaders of all kinds reflected in the community's social systems. Though, have proved demanding of people's high volunteerism in poor resource settings; has also shown to be the best way to learn and identify social power relationships and willingness for collective actions in the community. In this case, it a gateway towards community motivation and a method in which advocacy could be made easy through small groups' involvement, likely to result into ultimate collective participation of coalitions involved in a wide community.

Programs targeting adolescents have been for long aiming at equipping these young adults with knowledge proved to be the shield against behavioral compelled impostures, sexually transmitted diseases, and most important of all, building the patronage community potentially committed to recognize and address adolescents' sexual and reproductive health

needs. In this case, these programs coverage among after school adolescent group need serious and agent reviews to evaluate, if currently excluded group of youths such as; pregnant and adolescent mothers could be reached anyhow.

This might need attention now than before because, records has been showing that the left out-group creates significant pool of these young individuals, all of whom are females, already identified through literature as most at risk group in this era of HIV and AIDS. Could this not be the case, why are we punishing adolescent females for getting pregnant while giving rights to their counterparts, adolescent males who significantly contribute towards their peers' motherhood? Could public health or individual programs fail to reach a consensus on this issue; adolescence would need to be redefined using other extra criteria, than mainly existing, age, live alone other age-appropriate and commonly exhibited biological and psychological characteristics shared in this group.

## 7. Reference List

- (1) Heguye ES. Young People's Perception of Sexuality and Condom Use in Kahe. In: Klepp KI, Biswalo PM, Talle A, editors. *Young People at Risk: Fighting AIDS in Northern Tanzania. First Ed, Oslo: Scandinavian University Press, 1995: 107-120.*
- (2) Kloumann E, Manongi R, Klepp KI. Self-reported and observed female genital cutting in rural Tanzania: associated demographic factors, HIV and sexually transmitted infections. *Trop Med Int Health* 2005; 10(1):105-115.
- (3) Boerma JT, Urassa M, Nnko S, Ng'weshemi J, Isingo R, Zaba B et al. Sociodemographic context of the AIDS epidemic in a rural area in Tanzania with a focus on people's mobility and marriage. *Sex Transm Infect* 2002; 78(90001):97i-105.
- (4) Nelson J.A Ed D. Intergenerational Sexual Contact: A continuum model of Participants and Experiences. *Journal of Sex Education and Therapy* 1989; 15(1):3-12.
- (5) Kaaya SF, Mukoma W, Flisher AJ, Klepp KI. School-based sexual Health Interventions in Sub-Saharan Africa: A Review. *Social Dynamics* 2002; 28(1):64-88.

- (6) Gallant M, Maticka-Tyndale E. School-based HIV prevention programmes for African youth. *Soc Sci Med* 2004; 58(7):1337-1351.
- (7) Kirby D. School-based interventions to prevent unprotected sex and HIV among adolescents. In: Peterson J.L, DiClemente R.J, editors. *Hand book of HIV Prevention*. New York: Plenum, 2000: pp 83-101.
- (8) Visser MJ, Schoeman JB, Perold JJ. Evaluation of HIV/AIDS prevention in South African schools. *J Health Psychol* 2004; 9(2):263-280.
- (9) United Republic Of Tanzania. Tanzania Country Profile. Tanzania National Webpage . 2007. United Republic Of Tanzania. 25-3-0007.
- (10) United Nations Development Program (UNDP). Tanzania Human Development Report: *The State of Progress in Human Resource Development* 1999. UNDP, Country Executive Summary,2000 . 2000. UNDP. 25-3-2007.
- (11) Klepp KI, Ndeki SS, Thuen F, Leshabari M, Seha AM. Predictors of intention to be sexually active among Tanzanian school children. *East Afr Med J* 1996; 73(4):218-224.
- (12) CDC. Global HIV and AIDS: The Emergency Plan in Tanzania: available from <http://www.cdc.gov/nchstp/od/gap/countries/tanzania.htm>. Internet communication . 25-4-2007. Department of Health and Human Services; Centre for diseases control and Prevention.
- (13) UNAIDS. UNAIDS, Report of The Global AIDS Epidemic. 2004. Bangkok, UNAIDS XV International AIDS Conference Bangkok (11-16, July 2004).
- (14) Prime Ministers Office. The United Republic of Tanzania; National Policy on HIV/AIDS. 2001. Dar-es-Salaam, The prime Minister's Office.
- (15) Bracht N, Kingsbury L, Rissel C. A Five-Stage Community Organization Model for Health Promotion: Empowerment and Partnership Strategies. In: Bracht N., editor. *Health Promotion at The Community Level; New advances*. Second (ed).Thousand Oaks, California. SAGE Publications, Inc., 1999: P (83-104).
- (16) Thompson B, Kinne S. Social Change Theory: Application to Community Health. In: Neil Bracht, editor. *Health Promotion at the Community Level: New Advances*. Thousand Oaks: SAGE Publications, 1999: 29-46.
- (17) World Health Organization ROfe. Ottawa Charter for Health Promotion;1986. New advances . 2005. WHO-Regional Office for Europe. 20-1-2006.
- (18) Senderowitz J. A Review of The Program Approaches to adolescent Reproductive Health. [Poptech Assignment No.2000.176]. 2007. Arlington, VA 22209 USA, U.S. Agency for International Development. 1-7-2000.
- (19) Berkman LF, Lochner KA. Social Determinants Of Health: Meeting At The Crossroads. *Health Aff* 2002; 21(2):291-293.

- (20) Schulz AJ, Krieger J, Galea S. Addressing Social determinants of health: Community-Based participatory Approaches to Research and Practice. *Health Education & Behavior* 2002; 29:287.
- (21) Kinsman J, Kamali A, Kanyesigye E, Kamulegeya I, Basajja V, Nakiyingi J et al. Quantitative process evaluation of a community-based HIV/AIDS behavioural intervention in rural Uganda. *Health Educ Res* 2002; 17(2):253-265.
- (22) McCormack B, Kitson A, Harvey G, Rycroft-Malone J, Titchen A, Seers K. Getting evidence into practice: the meaning of 'context'. *J Adv Nurs* 2002; 38(1):94-104.
- (23) Mitchell K, Nakamanya S, Kamali A, Whitworth JA. Exploring the community response to a randomized controlled HIV/AIDS intervention trial in rural Uganda. *AIDS Educ Prev* 2002; 14(3):207-216.
- (24) Wynn B.O, Dutta A, Nelson I.M. Challenges in Program evaluation of Health Interventions in Developing countries. [doc 22]. 2005. RAND Corporation.
- (25) Hulscher MEJL, Laurant MGH, Grol RPTM. Process evaluation on quality improvement interventions. *Qual Saf Health Care* 2003; 12(1):40-46.
- (26) Greenwald P, Cullen JW. The Scientific Approach to Cancer Control. *CA Cancer J Clin* 1984; 34(6):328-332.
- (27) Johnson JL, Green LW, Frankish CJ, MacLean DR, Stachenko S. A dissemination research agenda to strengthen health promotion and disease prevention. *Can J Public Health* 1996; 87 Suppl 2:S5-10.
- (28) King L, Hawe P, Wise M. Making dissemination a two-way process. *Health Promot Int* 1998; 13(3):237-244.
- (29) Parcel GS, Perry C.L, Taylor W.C. Beyond demonstration: *Diffusion of Health Promotion innovation*. In: Bracht N, editor. *Health promotion at the community level. First (ed)* .Newsbury Park, CA: SAGE Publications Inc., 1990: P(229-251).
- (30) Winett RA. A framework for health promotion and disease prevention programs. *Am Psychol* 1995; 50(5):341-350.
- (31) Dzewaltowski DA, Estabrooks PA, Klesges LM, Bull S, Glasgow RE. Behavior change intervention research in community settings: how generalizable are the results? *Health Promot Int* 2004; 19(2):235-245.
- (32) Oldenburg BF, Sallis JF, Ffrench ML, Owen N. Health promotion research and the diffusion and institutionalization of interventions. *Health Educ Res* 1999; 14(1):121-130.
- (33) Robin L, Dittus P, Whitaker D, Crosby R, Ethier K, Mezoff J et al. Behavioral interventions to reduce incidence of HIV, STD, and pregnancy among adolescents: a decade in review. *Journal of Adolescent Health* 2004; 34(1):3-26.

- 
- (34) Kaaya SF, Flisher AJ, Mbwapbo JK, Schaalma H, Aaro LE, Klepp KI. A review of studies of sexual behaviour of school students in sub-Saharan Africa. *Scand J Public Health* 2002; 30(2):148-160.
  - (35) Klepp KI, Ndeki SS, Leshabari MT, Hannan PJ, Lyimo BA. AIDS education in Tanzania: promoting risk reduction among primary school children. *Am J Public Health* 1997; 87(12):1931-1936.
  - (36) Klepp KI, Ndeki SS, Seha AM, Hannan P, Lyimo BA, Msuya MH et al. AIDS education for primary school children in Tanzania: an evaluation study. *AIDS* 1994; 8(8):1157-1162.
  - (37) Santelli J, Ott M A, Lyon M, Rogers J, Summers D. Abstinence-only education policies and programs: A positional paper of the society for adolescent medicine. *Journal of Adolescent Health* 2006; 38:83-87.
  - (38) Plummer ML, Wight D, Obasi AIN, Wamoyi J, Mshana G, Todd J et al. A process evaluation of a school-based adolescent sexual health intervention in rural Tanzania: the MEMA kwa Vijana programme. *Health Educ Res* 2006; cyl1103.
  - (39) Plummer ML, Ross DA, Wight D, Changalucha J, Mshana G, Wamoyi J et al. "A bit more truthful": the validity of adolescent sexual behaviour data collected in rural northern Tanzania using five methods. *Sex Transm Infect* 2004; 80(suppl\_2):ii49-ii56.
  - (40) Plummer ML, Wight D, Ross DA, Balira R, Anemona A, Todd J et al. Asking semi-literate adolescents about sexual behaviour: the validity of assisted self-completion questionnaire (ASCQ) data in rural Tanzania. *Tropical Medicine and International Health* 2004; 9(6):737-754.
  - (41) Mukoma W, Flisher AJ. Evaluations of health promoting schools: a review of nine studies. *Health Promot Int* 2004; 19(3):357-368.
  - (42) Kinsman J, Nakiyingi J, Kamali A, Carpenter L, Quigley M, Pool R et al. Evaluation of a comprehensive school-based AIDS education programme in rural Masaka, Uganda. *Health Educ Res* 2001; 16(1):85-100.
  - (43) Magnani RJ, Karim AM, Weiss LA, Bond KC, Lemba M, Morgan GT. Reproductive health risk and protective factors among youth in Lusaka, Zambia. *J Adolesc Health* 2002; 30(1):76-86.
  - (44) Butts JB, Hartman S. Project BART: effectiveness of a behavioral intervention to reduce HIV risk in adolescents. *MCN Am J Matern Child Nurs* 2002; 27(3):163-169.
  - (45) Hyden G, Lanegran K. Eastern Africa: mapping the politics of AIDS. *AIDS Soc* 1991; 2(2):1, 6, 12-1, 6, 13.
  - (46) Betts SC, Peterson DJ, Huebner AJ. Zimbabwean adolescents' condom use: what makes a difference? Implications for intervention. *J Adolesc Health* 2003; 33(3):165-171.

- (47) Kajubi P, Kanya MR, Kanya S, Chen S, McFarland W, Hearst N. Increasing condom use without reducing HIV risk: results of a controlled community trial in Uganda. *J Acquir Immune Defic Syndr* 2005; 40(1):77-82.
- (48) Rotheram-Borus MJ. Expanding the range of interventions to reduce HIV among adolescents. *AIDS* 2000; 14 Suppl 1:S33-S40.
- (49) Speizer SI, Magnani RJ, Charlotte EC. The effectiveness of adolescents reproductive health interventions in developing countries: review of the evidence. *Journal of Adolescent Health* 2003; 33(5):324-348.
- (50) Speizer IS, Tambashe BO, Tegang SP. An evaluation of the "Entre Nous Jeunes" peer-educator program for adolescents in Cameroon. *Stud Fam Plann* 2001; 32(4):339-351.
- (51) UNAIDS. Children and Young People in a World of AIDS. 2001. Geneva, Switzerland, Joint United Nations Programme on HIV/AIDS.
- (52) Brieger WR, Delano GE, Lane CG, Oladepo O, Oyediran KA. West African Youth Initiative: outcome of a reproductive health education program. *J Adolesc Health* 2001; 29(6):436-446.
- (53) World Bank. World development report 1993; *Investing in Health*. 1993. New York, Oxford University Press.
- (54) No Author Listed. Programming for adolescent health and development. Report of a WHO/UNFPA/UNICEF study Group on programming for adolescent Health. *World Health Organ Tech Rep Ser* 1999; 886(i-vi):1-260.
- (55) Morais VO, Moura MV, Costa MC, Patel BN. [Sexually transmitted diseases, AIDS, and use/abuse of psychoactive substances in adolescence]. *J Pediatr (Rio J)* 2001; 77 Suppl 2:S190-S204.
- (56) Todd S, Jennifer K, Gillian M. Global Impact of HIV/AIDS on youth; The SIECUS Report. Available at URL [:http://www.findarticles.com/p/articles/mi\\_qa3781/is\\_200210/ai\\_n9108241](http://www.findarticles.com/p/articles/mi_qa3781/is_200210/ai_n9108241). Look Smart-Find Articles . 2002. The SIECUS REPORTS. 24-1-2006.
- (57) World Health Organization (WHO). HIV/AIDS and young people: WHO takes action. WHO . 2004. WHO Briefs, September 2004. 1-2-2006.
- (58) Jemmott JB, III, Jemmott LS. HIV risk reduction behavioral interventions with heterosexual adolescents. *AIDS* 2000; 14 Suppl 2:S40-S52.
- (59) Kim N, Stanton B, Li X, Dickersin K, Galbraith J. Effectiveness of the 40 adolescent AIDS-risk reduction interventions: A quantitative review. *Journal of Adolescent Health* 1997; 20(3):204-215.
- (60) Peersman GV, Levy JA. Focus and effectiveness of HIV-prevention efforts for young people. *AIDS* 1998; 12 Suppl A:S191-S196.



- 
- (61) Kirby D. Effective approaches to reducing adolescent unprotected sex, pregnancy, and childbearing. *J Sex Res* 2002; 39(1):51-57.
  - (62) Donovan JE, Jessor R, Costa FM. Syndrome of problem behavior in adolescence: a replication. *J Consult Clin Psychol* 1988; 56(5):762-765.
  - (63) McGee L, Newcomb MD. General deviance syndrome: expanded hierarchical evaluations at four ages from early adolescence to adulthood. *J Consult Clin Psychol* 1992; 60(5):766-776.
  - (64) Mitchell K, Nakamanya S, Kamali A, Whitworth JA. Community-based HIV/AIDS education in rural Uganda: which channel is most effective? *Health Educ Res* 2001; 16(4):411-423.
  - (65) Clift E. Information, Education and Communication: Lessons from the Past; Perspectives for the future. Hamill C, editor. WHO/RHR/01.22. 2001. World Health Organization. Occasional Paper.
  - (66) Janz NK, Zimmerman MA, Wren PA, Israel BA, Freudenberg N, Carter RJ. Evaluation of 37 AIDS prevention projects: successful approaches and barriers to program effectiveness. *Health Educ Q* 1996; 23(1):80-97.
  - (67) Irvine A.D. "Bertrand Russel" The Stanford encyclopedia of Philosophy. Available from URL: <http://plato.stanford.edu/entries/russell/>. (Fall 2004 edition) ed. 2004.
  - (68) Power R. The role of qualitative research in HIV/AIDS. *AIDS* 1998; 12(7):687-695.
  - (69) Liamputtong P, Ezzy D. *Qualitative Research Methods*. Second. ed. South Melbourne, Australia: Oxford University Press, 2005.
  - (70) Creswell W J. Five Qualitative Approaches to Inquiry. In *Qualitative Inquiry and Research Design: Choosing from five Approaches*. London: Sage Publication Inc, 1998: P(55-58).
  - (71) Niglas K. The combined use of Qualitative and Quantitative Methods in Educational Research. Tallim Pedagogical University, 2004.
  - (72) Foss C, Ellefsen B. The value of combining qualitative and quantitative approaches in nursing research by means of method triangulation. *Journal of Advanced Nursing* 2002; 40(2):242-248.
  - (73) Paley J. Paradigms and presuppositions: the difference between qualitative and quantitative research. *Sch Inq Nurs Pract* 2000; 14(2):143-155.
  - (74) Patton M Q. *Qualitative Evaluation and Research Methods*. 2<sup>nd</sup>. ed. Newbury Park, CA: SAGE Publications, Inc., 1990.
  - (75) Groenewald T. A Phenomenological research design illustrated. *International Journal of Qualitative Methods* 3(1) Article 4. Retrieved 06.05.2006 from [http://www.ualberta.ca/~iigm/backissues/3\\_1/pdf/groenewald.pdf](http://www.ualberta.ca/~iigm/backissues/3_1/pdf/groenewald.pdf). 2004. 6-5-2006.

- (76) Holroyd C. Phenomenology Research method, Design and Procedure: A phenomenological investigation of the phenomenon of being in community as experienced by two individuals who participated in a community-building workshop. *Indo-pacific Journal of Phenomenology* 2001; 1(1):pp(73-74).
- (77) Krueger R.A. *Focus Groups: A practical Guide for Applied Research*. Newbury Park, California.: SAGE Publications, Inc., 1988.
- (78) Hyde A, Howlett E, Brady D, Drennan J. The focus group method: insights from focus group interviews on sexual health with adolescents. *Soc Sci Med* 2005; 61(12):2588-2599.
- (79) Kvale S. *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, California.: SAGE Publications, Inc., 1996.
- (80) Grunseit A. *Impact of HIV and Sexual Health Education on the Sexual Behavior of Young People: A Review Update*; Grunseit A, Kippax S, Aggleton P, et al. Sexuality education and young people's sexual behavior: a review of studies. *J Adolesc Res* 1997; 12(4):421-53.
- (81) Grunseit A, Kippax S, Aggleton P, Baldo M, Slutkin G. Sexuality Education and Young People's Sexual Behavior: A Review of Studies. *Journal of Adolescent Research* 1997; 12(4):421-453.
- (82) Kajula L J. Cross-generation communication on sexuality in times of HIV/AIDS as perceived by adolescent girls and their parents in Dar-es-Salaam, Tanzania. Research Centre for Health Promotion, University of Bergen, 2005.
- (83) Grunfeld E, Zitzelsberger L, Hayter C, Berman N, Cameron R, Evans WK et al. The role of knowledge translation for cancer control in Canada. *Chronic Dis Can* 2004; 25(2):1-6.
- (84) Ho K, Chockalingam A, Best A, Walsh G. Technology-enabled knowledge translation: building a framework for collaboration. *CMAJ* 2003; 168(6):710-711.
- (85) Kirby D. No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy. 1997. Washington, DC: National Campaign to Prevent Teen Pregnancy.
- (86) Blinn-Pike L, Berger T, Rea-Holloway M. Conducting Adolescent Sexuality Research in Schools: Lessons Learned. *Family Planning Perspectives* 2000; 32(5).
- (87) Santelli J, Ott MA, Lyon M, Rogers J, Summers D, Schleifer R. Abstinence and abstinence-only education: A review of U.S. policies and programs. *Journal of Adolescent Health* 2006; 38(1):72-81.
- (88) Waxman H.A. False and Misleading Health Information provided by Federal funded pregnancy Resources Centers. Available from: <http://oversight.house.gov/Documents/20060717101140-30092.pdf>. Internet communication . 2006. USA House of Representatives. 9-4-0007.

- 
- (89) Jordan R. Criticism of traditional parenting method. Available online from: <http://www.nospank.net/pt-07.pdf>. Online Document . 2007. Parents and Teachers Against Violence in Education (PTAVE). 6-4-2007.
  - (90) Birdthistle I, Vince-Whitman C. Reproductive Health Programs For Young Adults: SCHOOL-BASED PROGRAMS. 1998. 1201 Connecticut Avenue, NW. FOCUS on Young Adults; Research Series.
  - (91) FRANSEN LIEV, VAN DAM CJ, PIOT PETE. Health policies for controlling AIDS and STDs in developing countries. Health Policy Plan 1991; 6(2):148-156.
  - (92) FRANZKOWIAK PETE, WENZEL EBER. AIDS health promotion for youth. Conceptual framework and practical implications. Health Promot Int 1994; 9(2):119-135.
  - (93) UNFPA. Addressing the Needs and Rights of Young People at the Policy Level. Available Online from: <http://www.unfpa.org/adolescents/policy.htm>. Internet communication . 2005. UNFPA.
  - (94) Banner P, Johnson B. Guidelines for Comprehensive Sexuality Education, Kindergarten through 12<sup>th</sup> Grade. [Third Edition], 1-112. 2004. New York, NY 10036.7802, National Guidelines Task Force. Guidelines for Comprehensive Sexuality Education.
  - (95) Shediak-Rizkallah MC, Bone LR. Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy. Health Educ Res 1998; 13(1):87-108.
  - (96) Swerissen H, Crisp BR. The sustainability of health promotion interventions for different levels of social organization. Health Promot Int 2004; 19(1):123-130.
  - (97) Scheirer A M. Is Sustainability Possible? A Review and Commentary on Empirical Studies of Program Sustainability. American Jour Of Evaluation 2005; 26(3):P(320-347).
  - (98) St Leger L. Questioning sustainability in health promotion projects and programs. Health Promot Int 2005; 20(4):317-319.
  - (99) Cowan FM. Adolescent reproductive health interventions. Sex Transm Infect 2002; 78(5):315-318.
  - (100) Kirby D. Sexuality and sex education at home and school. Adolesc Med 1999; 10(2):195-209, v.
  - (101) Kirby D, Short L, Collins J, Rugg D, Kolbe L, Howard M et al. School-based programs to reduce sexual risk behaviors: a review of effectiveness. Public Health Rep 1994; 109(3):339-360.

- (102) Senderowitz J. Involving Youth in Reproductive Health Projects. 1-36. 1998. Washington DC 20036 U.S.A, FOCUS on Young Adults. Research, Programs and Policy series.
- (103) UNHCHR. Conventions on the Rights of the Child. Internet communication . 2002. Office of the United Nations High Commissioner for Human Rights .
- (104) Flynn S B. Measuring Community leaders perceived ownership of health education Programs: Initial test of reliability and validity. Jour of Health Education Research: Theory & Practice 1995; 10(1):P(27-36).
- (105) Anderson D, Guthrie T, Schirlie R. A Nursing model of Community organization for Change. Jour of Public Health Nursing 2002; 19(1):P(40-46).
- (106) Israel BA, Checkoway B, Schulz A, Zimmerman M. Health Education and Community Empowerment: Conceptualizing and Measuring Perceptions of Individual, Organizational, and Community Control. Health Education & Behavior 1994; 21(2):149-170.
- (107) Kegler MC, Steckler A, Mcleroy K, Malek SH. Factors That Contribute to Effective Community Health Promotion Coalitions: A Study of 10 Project ASSIST Coalitions in North Carolina. Health Education & Behavior 1998; 25(3):338-353.
- (108) Goldman K D, Schmalz K J. Theoretically speaking: Overview and Summary of Key Health Education Theories. Jour of Health Promot and Pract 2001; 2(4):P(277-281).
- (109) Rogers M E, Medina E U, Rivera M A, Wiley C J. Complex Adaptive Systems and the Diffusion of Innovations. Jour of Innovations 2007; 10(3):Article 29.

## **8 Appendices and Attachments**

**Attachment I**-Ethical clearance letter for the project (MOH)

THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH



Telegrams: "AFYA" Dar es Salaam  
Telephone: 2120261  
(All letters should be addressed to  
The Permanent Secretary)  
In reply please quote:

P.O. Box 9083  
DAR ES SALAAM.

Ref. No. HED/70/107/235

National AIDS Control Programme,  
P.O. Box 11857,  
DAR ES SALAAM, TANZANIA  
Tel: 2118581  
Fax: 2138282  
E-mail: [admin.nacp@raha.com](mailto:admin.nacp@raha.com)  
Date: May 21, 2001

**CLEARANCE CERTIFICATE FOR CONDUCTING MEDICAL RESEARCH IN  
TANZANIA OR FOR PUBLISHING THE FINDINGS THEREOF**

This is to certify that the research proposal bearing the title:

**" An Intervention Study Among Young People in Kahe: A Community Health  
Development Project 2001-2006"**

by Kagoma S. Mnyika as principal investigator has been granted clearance to be  
conducted in Tanzania with the following conditions:

1. The Principal Investigator should put emphasis on issues raised by reviewers.
2. A six monthly progress report must be submitted to the NACP.

**N.B** A six monthly progress report must be submitted to the Ministry of Health  
for all studies conducted in Tanzania.

A. G. L. Jonda

CHIEF MEDICAL OFFICER

12 June 2001

Kabo-nchi/08

**Attachment II-Supportive letter for the intra-project study (Project PI)**



**Attachment III:** Ethical Clearance letter from researchers' host institution (UiO)



**UNIVERSITY OF OSLO**  
FACULTY OF MEDICINE

To the relevant authorities

**Institute of General Practice and  
Community Medicine**  
*Section for International Health*  
P.O. Box 1130 Blindern  
NO-0318 Oslo

Date: June 26<sup>th</sup> 2006  
Your ref.:  
Our ref.:

Telephone: + 47 228 50 640  
Telefax: + 47 228 50 607  
E-mail: g.a.bjune@samfunnsmed.uio.no  
URL: www.med.uio.no/ism/inthel

**Ethical Review**

**Investigator's name: Juma, James McOlogi**

**Title of the project: Community-based HIV/AIDS interventions in Tanzania; Qualitative process evaluation of the Kahe community health development project.**

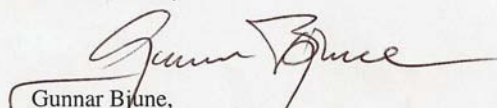
Due to a re-organization in the Norwegian system for ethical review of research students' projects involving a second country, the project proposal has not been subject to a national review process this year.

The students have filled in the ordinary national form for ethical review of research projects involving human subjects and supplied the protocol for their project. A group of experts (medical research ethics, medical anthropology and clinical medicine) in our department have read the applications carefully and made their comments. The investigator's project is found to abide to international regulations, and the comments (below) are to guide the investigators to clarify, elaborate or modify some point(s) before they apply to their national authorities. In case there are such comments in this letter, the investigator's application will be corrected accordingly.

**Comments of the reviewers:**

The form for ethical evaluation does not contain a justification for choice of method, at least not a satisfying one. However, this can be found in the protocol and in this case it does not affect any ethical issues related to the study.

Yours sincerely,

  
Gunnar Bjune,  
Professor International Health  
Head of M.Phil. education in International Community Health



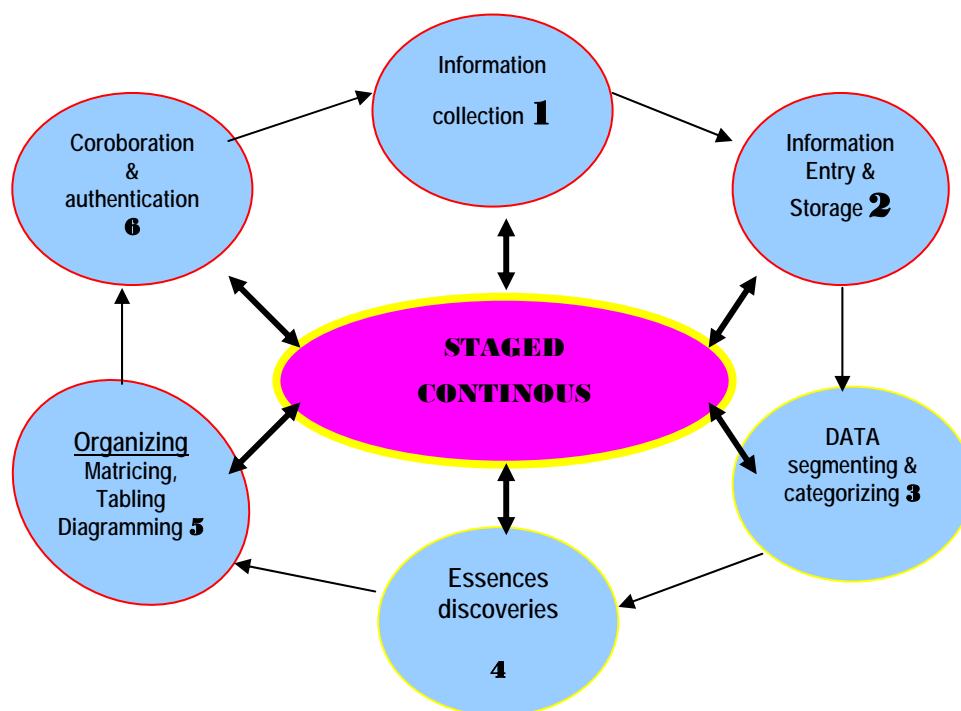
**M.PHIL PROGRAMME**  
**INTERNATIONAL COMMUNITY HEALTH**  
**FACULTY OF MEDICINE**

## APPENDIX I- Data explication framework

Data explication is a virtually a continuous process in qualitative paradigms, from planning through other traditional serial procedures that could follow the steps as displayed in the figure.



Nevertheless, with continuous interpretation at the core; overlapping and/or reconstructions occur throughout the process and no one-step is ever independent from the other until the process is accomplished.



## STAGE 1

### Information collection stage

Continual planning and revaluation of methods as entering the field are possible. Previous proceedings could change or be modified according to situation that exist when entering the field.

## STAGE 2

### Information entry and storage

Continuous working on cumulated field memos, observations, and actual experiences from respondents happened here. Transcription of data and translation, the two most challenging process is here, without which, if not well organized, the further process could be jeopardized and or become chaotic. Data organization is the most important

## STAGE 3

### Segmenting and categorizing Stage

*Coding procedure* have been mainly data driven (emergent strategy), as the strategy sought to discover the structure/essences of experiences through studying of ideas/cases.

Because the focus was also to understand the meanings of descriptions, getting essential meanings of experiences was accomplished through *abstraction of potential themes* without which, the experiences would not have been shared across individuals. As such, only elements that could not be changed without loosing the meaning of narrations, contributed to themes.

## STAGE 4

**Essences/structures discoveries stage**

Involved *reviewing of socio-cultural, linguistic, and possibly artistic contexts*, which in a sense, was all about going beyond the words to the context given by narratives (experiences). In this case, with ambiguous meanings, reading into descriptions of experiences beyond the evident meaning while abstracting self from psychodynamic interpretation of symbolism was binding.

*Collective themes* occurred across groups of respondents where as *individual themes* that are somehow unique emerged from few individual informants. Further in this process, was *relational content* analysis of narratives; the procedure through which, the relationships among concepts in a text to determine different meanings from of identified groups was necessary.

This procedure was essential for analysis of meanings and relationships of words and concepts that could lead to inferences about the messages within the texts, audiences, culture, time, community etc.

**STAGE 5****Organizing stage**

*Results presentation*, are rather reflected through several processes in the document, from introductory through methods. The procedure combines putting together the experiences through summaries, tables, and/or diagrams. These are themes from descriptions of the informants' distinguished characteristics and experiences labeled and/or defined with examples of narratives; mostly, direct quotes to illustrate the underlying themes and sub themes.

**STAGE 6****Corroboration and authentication Stage**

Relating of theoretical statements presented through introductory part. The analytical section is developed from achieved themes. The lived experiences of the study informants here are expanded in themes and related to similar experiences found from other sources.

**APPENDIX II -Research tools****a) Interview guide for youth peer-educators****Group A: Youth Peer Leaders\_– (Focus Group Discussions)**

### 1. “Intervention description” (planning)

- What was the nature (Plans) for the implementation of activities?

**Probe**

- What did you plan to do?
- In which context (circumstances or events that formed the environment within which Intervention took place) did the intervention occur?
- What did you manage to do among those planned?
- Were these plans later on discovered deficient anyhow, and why do you think so?

- What materials (human resources, equipment, information, and time investment etc were required/ used?

**Probe**

- Were these (that were made available) resources enough in relation to needs aroused?
- If not, what would have been the saturation points for these needs?
- What were the people’s (youth and other stakeholders) perception (e.g. attitudes, motivation *etc*) of the *socio-economic conditions and materials used in the intervention?*

### 2. “Exposure” to the interventions (Quality and implementation)

- How would you explain what was done in relation to what was planned?

**Probe-** What were the implementation goals in different settings?

- Was the interventions implemented as planned?
- Were there any observed deficits or drawbacks?
- Why do you think this happened that way?

- How would you describe the strategies used for the implementation of activities?

**Probe-** What were the specific strategies (settings-specific) used in implementation activities?

- Were these strategies used deficient in anyhow?
- What problems arose while implementing the changes?
- What are your implicit suggestions for improved delivery?

- How would you explain the exposure of intended youth to the program?

**Probe-** How was the target population actually exposed to the intervention as planned?

- Does this explain achieving the implementation goals in different settings?

### 3. “Experiences” of the implementers and or equal partners

- How did the target group experience the intervention and changes?

**Probe-** How did youths explain the program e.g. appreciations, dislike etc?

- What requirements for change were experienced?
- What were comments from youth’s side for program implementation improvement e.g. getting more youth involved into the program implementation

- How did other related parties perceive the program differently?

**Probe-** What were opinions of parents or religious leaders for example about the program?

- How did these parties supported/disapproved the program and youth involved?

**4. Opportunity for general comments or additional issue we have not talked about in the above discussion (-one by one-)**

**b) Interview guides for ordinary youth**

**Group H: Ordinary Youths-(Focus Group Discussion)**

**1. Intervention Description (Awesomeness Of The Program Activities In The Area)**

- **What was the nature of the implementation activities in your area?**

**Probe:** What activities, Afya Kwa Vijana program has been doing in this area?

Who have been engineering these activities in your village?

How can you describe their presentations according to your expectations?

- In which activities among the mentioned above, youths have been participating most and why?
- How did you like what you happened to participate in?

**2. Exposures Of Youths To The Intervention Activities**

- Exposures to the learning materials-Aids available

**Probes** -What learning materials-aids from the program did you happen to have access to

How did you like the learning materials?

What were the requirements for change, with regard to possible improved youth's learn-ability from these materials-aids. e.g. were the materials enough appropriateness of the contents of the messages etc.

- How were youths getting attracted to participate into the program's activities
- Were these Strategies to motivate youths, appropriate for attracting as many youths as possible to participate in the program activities for possible intended learning process?
- What could be the confounding factors that might have prevented youths from participating fully in the program's activities in your area?
- To what extent do you think, the program has managed to reach out the youths in this village and why?
- What are your implicit suggestions for the possible improved program delivery in this village?

**3. Experiences Of Youths And/Or Other Partners About The Program**

- How did the targeted group experience the implementation and the changes brought about?
- How are the youths in the village talking about the program differently?
- What requirements for change aroused for possible improved program delivery in your area?
- What are the social-economical and/or environmental issues in this community that could be affecting youths' behaviors against what the program have been advocating for youths?
- How other parties for the program did perceive it differently?

**Probes:-** What are the opinions/feelings of parents about the program and/or implementation activities in this area?

What are the opinions of religious leaders about the program and its implementation in this village?

#### **4. Opportunity for general comments about the program**

(Intended to capture the awesomeness/interests of the informants about the program)

##### **c) Interview guides for parents groups (VAB-Category)**

##### **Group D: Village Administrators- In-Depth- Interviews:**

- As an individual, an adult and a parent; how did you perceive the presence/implementation of AFYA KWA VIJANA program in your village?
- As an administrator, how would you explain your experience, about implementation of this program in your village, e.g. do you think it brought changes it was intended due to proper implementation?
- As a leader of the village and also a member of the AFYA KWA VIJANA village advisory board, how did you use the opportunity you volunteered to take in this board?
- What are the chances that you can still do something on what you haven't done concerning this issue?
- What other roles can boards like the one you created in your village play in a continuous basis to influence the implementation of HIV/AIDS prevention programs targeting youth in your village?

##### **Group E: NGOs Representatives-In-Depth Interview:**

From your experience in the implementation of AFYA KWA VIJANA project, either as a person or parent,

What role(s) did you play in the implementation of AFYA KWA VIJANA HIV/AIDS prevention programme in your village?

As someone who joined the village advisory board for AFYA KWA VIJANA program representing certain group of people in your village/community;

How did you influence or could have influenced your group to effect the implementation of this project.

What are the chances that you still have to do what you didn't get chance to do?

What are your general comments about the implementation of AFYA KWA VIJANA project in your village?

##### **Group F: Religious Leaders- In-Depth Interviews:**

As a spiritual leader, in this community, how did you feel to be included in your village advisory board for youth's HIV/AIDS prevention program?

What contribution do you think this program has on youth under your spiritual guidance?

How did you use the opportunity that you volunteered to take in this board?

What are the chances that you can still do something you haven't done on this issue?

What are your general suggestions about implementation of this HIV/AIDS prevention program targeting youth?

**Group G: Representative of Parents- In-Depth Interview:**

As a parent in this community, how did you feel to be included in your village advisory board for youth's HIV/AIDS prevention program?

What contribution do you think this program has on your own children of younger age (12-19) at home?

How did you use the opportunity that you volunteered to take in this board?

What are chances that you can still do something that you haven't done regarding this issue?

What are your general suggestions about implementation of this HIV/AIDS prevention program targeting youth in this community?

**d) Interview guides for program school teachers**

**Group B: Teachers–(In-Depth Interviews)**

**1. “Description” of and Quality of the interventions and planning**

**What was the nature (Plans) for the implementation of activities?**

**Probe** - what were the context (circumstances or events that formed the environment) within which the school-intervention took place)?

Were these plans later on discovered deficient anyhow?

How was the school youth peer educators selected?

**What materials, (human resources, equipments, informational materials and time Investment, etc were required/ used?**

PROBE- Were these resources enough in relation to needs aroused?

**Probe-** What would have been the saturation points for these needs?

What were the people's (youth and other stakeholders) perception (e.g. attitudes, motivation etc) of the socio-economic conditions and materials used in the intervention?

**2. “Exposure” to the interventions**

**How would you explain what was done in relation to what was planned?**

**Probe-** What were the implementation goals in different settings?

Was the interventions implemented as planned.

Were there any observed deficits or drawbacks.

Why do you think this happened that way?

**How would you describe the strategies used for the implementation of activities?**

**Probe-** What were the specific strategies (settings-specific) used in implementation activities?

Were these strategies used deficient in anyhow.

What problems arose while implementing the changes in your school?

What are your implicit suggestions for improved delivery? How would you explain the exposure of intended youth to the program?

How was the target population actually exposed to the intervention as planned?

Does this explain achieving the implementation goals in your school Settings?

#### **4. “Experiences” of the implementers and or equal partners**

**How did the target group experience the intervention and changes?**

**Probes-** How did youths explain the program e.g. appreciations, dislike etc?

How did the students experience the intervention and changes brought about?

What requirements for change were experienced etc?

What were comments from youth’s side for program implementation improvement e.g. getting more youth involved into the program implementation.

**How did other related parties perceive the program differently?**

**Probe-** What were opinions of parents, religious leaders, other teachers for example about the program in your school?

How did these parties supported/disapproved the program and school youth involved?

What were the requirements for change experienced etc?

#### **5. Opportunity for general comments or additional issue we haven’t talked about in the above discussion (-one by one-).**

### **e) Interview guides for school heads**

**Group C: Teachers (Administrators)- In-Depth Interviews.**

#### **1. As an individual and a teacher, how did you perceive/experience the presence implementation) of the AFYA KWA VIJANA program in your school?**

**Probe-** Did the program influence your relationship anyhow with your students as a normal person and probably as a parent?

#### **2. As an administrator, how would you explain your experiences about implementation of the program in your school?**

**Probe-** How was the scheduled implementation took off in your school arena?

What changes could have been brought by the program among the intended and or other students?

What do you think could have made the program implementation successful than the extent to which it appeared to be?

What were the people's (youth and other stakeholders) perception (e.g. attitudes, motivation etc) of the socio-economic conditions and materials used in the intervention?

- 3. What are your general suggestion/ comments regarding implementation of HIV/AIDS prevention programs targeting young students in your school and probably other similar schools in your community?**

#### **APPENDIX III Copy of the informed consent form (Applied language-Swahili)**

**FOMU YA USHIRIKI KATIKA USAHILI WA TATHMINI YA SHUGHULI ZA MRADI WA AFYA  
KWA VIJANA KAHE.**



**i) Kuhusu mradi huu:**

Huu ni mradi wa AFYA KWA VIJANA ambao katika awamu hii unafanya tathmini ya kazi za uelemishaji wa vijana ambazo zilifanyika hapo awali. Zoezi hili linalenga kutafuta ukweli kuhusu kilichofanyika na ikiwa ni pamoja na kutambua mafanikio na hata viziwi vilivyojitokeza wakati wa shughuli hizi.

**ii) Ushiriki na Faida:**

Ushiriki wako katika zoezi hili ni muhimu kutokana na ukweli kwamba, wewe ulikuwa miongoni mwa waliohusika kwa namna moja au nyingine na shughuli za mradi huu. Kwa ajili hiyo mradi pia unatafuta taarifa ambazo zitawezesha kuboresha shughuli za namna hii hapo baadaye hapa na hata mahala penginepo. Hata hivyo, bado ni hiari yako kushiriki au kutokushiriki katika zoezi hili, na uamuzi wako hautaathiri kwa namna yoyote haki utakazostahili miongoni mwa zile zinazotolewa au zitakazotolewa na mradi hapo baadaye.

**iii) Usiri katika kazi hii:**

Usiri katika kazi za utafiti ni msingi wa kazi kama hii, na ndiyo maana tunakuhakikishia kuwa taarifa zote utakazotoa wakati wa mazungumzo baina yako na watafiti zitakuwa ni siri, na kamwe hazitatumika kinyume na taratibu za kiutafiti.

**iv) Hitimisho na Ukubali wako:**

Mwisho, kama unakubali kushiriki katika zoezi hili, utaombwa kujaza Sehemu ya kwanza (2) ya fomu ndogo inayofuata hapa chini:

1. Aina ya taarifa zilizotolewa na mtoa taarifa. **Weka TIKI (✓)** na kujaza kitakiwacho mbele ya sehemu husika kuonyesha taarifa zitakiwazo katika sehemu hizo.

JINSI YA MSHIRIKI	<b>M</b>	-----
	<b>F</b>	-----
UMRI WAKO		
AINA YA TAARIFA	<b>MAHOJIANO YA ANA KWA ANA</b>	-----
	<b>MAHOJINO KATIKA KIKUNDI</b>	-----

2. Mimi (**Jina Halisi**).....(**Jina la kiutafiti**)....., nakubali kushiriki katika zoezi hili kwa kutambua wajibu wangu, umuhimu na manufaa yatokanayo na malengo na maelezo yaliyotolewa hapo juu.

Sahihi ya mtafiti msimamizi.....

Sahihi ya mtoa taarifa.....

**APPENDIX IV; Copy of the informed consent-form (original language-English)****i) About this study**

This is an AFYA KWA VIJANA (*Health for youth*) program study seeking to evaluate how the progresses of implementation activities for the program were performed. The study aims at finding exactly what have been done and possible identified drawbacks that culminated in the process.

**ii) Participation and Benefits**

Your participation in this study is important from the fact that, you were the key-role player in the implementation of this program. The study therefore, seeks information necessary for improvement of along services delivery among youth. However, it remains your decision either to participate or not. Moreover, your decision will not deny you from receiving the services you deserve from the ongoing and or future related project(s).

**iii) Confidentiality**

The confidentiality of your identity and all the information you are going to provide are guaranteed. No real names are ever going to be linked to whatever kind of information that will come out during sessions in this discussion.

**iv) Summary and Consent form**

Lastly, if you agree to participate to this study, you will be required to fill the following form below - **FIRST PART (1).**

*The acronym names section for individuals will be filled in with given anonymous letter that will be linked to your real name and all other information referred to your contributions in the interview.*

1. Type of data collected from this individual. (**Tick (√)** In the BOX below the appropriate)

SEX OF THE INFORMANT	<b><u>M</u></b>	<b><u>F</u></b>
	_____	_____
AGE OF THE INFORMANT	_____	
TYPE OF INFORMATION PROVIDED	<b>FACE-TO-FACE INTERVIEW</b>	_____
	<b>FGD</b>	_____

2. I (full name).....GIVEN-ACRONYM  
(.....) agree to participate in this study willingly after I have been informed fully of the purpose and role to play.

Signature of the Investigator.....

Signature of the Informant.....

Signature of the Informant's witness.....

**APPENDIX V-Thematic guide**

**Thematic guide**  
**Individual interviews from school program participants**

**Respondents' Category:**  
Program teachers/school principals

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### **Initial reactions to the program**

- Other adolescents too young
- Teaching sexuality might lead to practice of sex
  - Opinions of other school staffs about the program
  - Opinions of implementers of the program
  - Discussions on how did other stakeholders approved/disapproved the program
- Schools female staffs against existed openness on sexuality
- Elderly parenthood and conservativeness against change
  - Problems arouse during program implementation
  - Implementers and/or other stakeholders socio/economic/cultural perceptions of the Materials situations of the program implementation
- Perceived defective communication on sexuality issues
  - Reported opinions of other program stakeholders e.g. parents about the program implementation in school

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### **Immediate program impacts**

- Students gained confidence and freedom of expression,
- Improved relationship between adolescents and their teachers,
- Improved students' learning abilities,
- Program graduates as role models,
- Perceived decreased amount of sexual contacts among school youths,
- General program acceptance and,
- Need for program sustainability in schools
  - Discussions over school youths' and other stakeholders' perceptions of the socio-economic/cultural Conditions of the materials used in the implementation
  - Discussions over the actual exposures of the target population to implementation activities
  - Reported adolescents experiences over the intervention and the changes brought about
  - Requirements for change perceived by program beneficiaries
  - Beneficiaries explanations of the program e.g. appreciations, dislikes, general comments etc
  - Influence of the program over human relationships in the school environments

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### **Perceived Implementation status**

- Ineffective timetabling and time limitations
- Short program duration
- Ongoing need for the program
  - Discussions over circumstances in which the intervention took place
  - Deficiencies observed from primary plans for program implementation
  - The possible reasons for such observed deficits
  - Reported adolescents' experiences over implementation and the changes brought about
  - Requirements for change that aroused from program implementers and/or beneficiaries

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### **Factors that influenced implementation process**

- Working with community leaders,
- Schools, trustworthy social institutions,
- Existed correlation between program's delivery guide and the science syllabuses from targeted grades,
- Program teachers' residing out of the intervention community,
- Community's incapacity to provide school lunches in full range,

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- Interactionism between schools societies and general community,
  - Influences from poorly staffed rural community schools,
  - Program delivery lacked priority,
  - Some program implementers obedience to their consciences
    - Opinions of parents over program implementation in schools
    - Circumstances in which the intervention took place
    - Deficiencies and drawbacks observed during program implantation
    - Perceptions/attitudes of other people than implementers on program implementation and also on the content Materials used in the process
    - General experiences of the program implementers
    - Discussions over the factors that could have made the program implementation successful than it appeared
    - Discussions over how the scheduled activities took over in schools environments

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#### **Empirical suggestions for the improved program delivery**

- Reviewing of program delivery timetabling and related schedules
- School program coverage-horizon
- Improvement of learning/teaching materials-aids and/or scope
  - Discussions over whether the program delivery schedule allowed other students also to learn anyhow
  - How did other parties supported/disapproved the program
  - Requirements for changes experienced during the implementation process
  - Perceptions over socio-economic and materials conditions of the program implementation

#### **Thematic guide**

#### **Interviews from out of school program participants**

#### **Respondents' Categories:**

Youth Leaders, ordinary youths, parents and community leaders involved in the program

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#### **Initial reactions to the program**

- Differential understandings of the program objectives,
- Rejection and discontinuance of some program instruction/delivery strategies,

- Discussions over how differently other parties perceived the program i.e. support , constructive critics and or disapprovals
- Discussions over different specific strategies used in each community settings
- Changes in plans from original plans any the associated reasons for having made such changes

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### **Immediate program impacts**

- Perceived changes, both in environment and behaviors
- Perceived states of unity and tranquility among youths
- Enlivened communication between youths and their parents
- Emergence of social-health movements and /or groups
- General program acceptance
  - Discussion on how differently the program had influenced peoples lives and the possible experienced challenges
  - Possible program institutlization strategies observed taking place
  - How does challenges perceived by community could have influenced their perception of the program
  - Possible program impacts over the targeted groups of individuals
  - Possible influences of the program in community families
  - Perspectives of the religious community over the program
  - Experiences of different parties involved looking at nature, true exposures, perceptions and/or opinions over the program
  - Comments over the roles played by different parties in implementing the program
  - Possible challenges arouse in efforts to implement the program from their primary roles
  - Discussion over possible contributions brought about by the program in varying community arenas

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### **Perceived Implementation status**

- Perceived ideal out of school program delivery schedules,
- Peer-educators' performances and activity states,
- Perceived program delivery success
- Perceived unsatisfactory community-wide involvement and participation
- Short program duration
  - Discussions over different strategies and specific plans used in different community settings and their effectiveness
  - How differently, the involved parties in the community perceived the program
  - Actual influence of the program to the community members, especially youths
  - Discussions over the actual exposures to the program, that could improve youths' learning abilities and the possible requirements for change arouse
  - Opinions and views of self and other parties upon the performances, activities and delivery of youth peer educators
  - Possible program's reach out to the targeted audience majority

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### **Factors that influenced implementation process**

- Frequent dropouts of female peer educators,
- Unsatisfactory participation of female adolescents into the program,
- Some peer educators obedience to their consciences
- Difficulties in youths organizing
- Influences of culture, traditions and societal propensities,
- Appeasable strategies for program delivery
- Differential expectations of the local program advocates
- Youths' states of despair
- Controversial parenting styles over youths' sexual behaviors
- Comprehensive strategies for general-community organizing
- Challenges rising out of community's conflicts and leadership styles

- Problems arose during program implementation
- Discussions over challenges faced by youth peer leaders in implementing the program among majority youths
- Opinions of other parties about the program in general and delivery strategies employed
- Opinions of youths about the program, e.g. dislikes, suggestions etc
- Discussions over the possible reach out of the program
- General comments over the factors that could have influenced the program implementation anyhow
- Possible impacts of the program implementation in families
- Opinions of parents about the program
- Discussions over the possible factors that could have helped in propelling the program advocacy in the community

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**Empirical suggestions for the improved program delivery**

- Provide economical support to youth groups
- Reviewing of youth organizing strategies for program delivery
- Provide sufficient working and/or learning materials-aids,
- Involvement of outsiders in motivating the community
- Needs for emphasis on parents empowerment and motivation
  - General comments over the program existence in the community and its implementation
  - Discussions over possible suggestions for the improved program delivery and possibly Institutionalization of the program in the community